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Journal of  
**Practical  
Medicine**

CHARLES H. STOWELL, M. D., Editor

VOL. VI. No. 10.

MAY, 1896

\$1.00 PER YEAR

**Leading Articles**

The Care of Children's Ears,

E. OLIVER BELT, M.D.

The Prevention of Blindness.

The Value of Meats as Foods,

R. H. CHITTENDEN, Ph.D.

The Relief of Shock,

R. S. JOYCE, M.D.

Scopolamine as a Mydriatic,

ARTHUR G. HOBBS, M.D.

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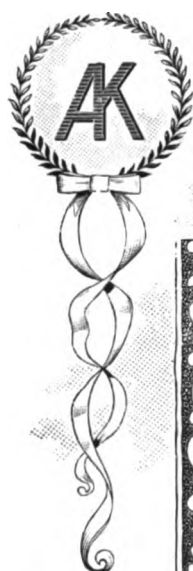
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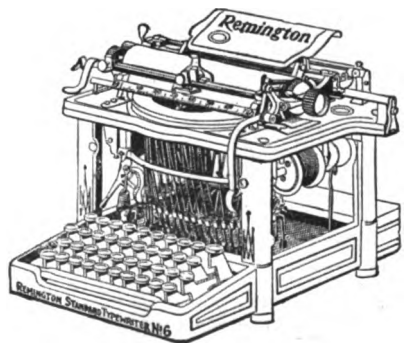
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# PRACTICAL MEDICINE

MONTHLY

VOL. VI.

NEW YORK, MAY, 1896.

No. 10.

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## Original Communications.

### *The Care of Children's Ears.*

By E. OLIVER BELT, M.D.

Professor of Ophthalmology and Otology, Howard University, and Oculist and Aurist to Freedman's Hospital.

IN this age of bacteriology, when laboratory research claims the attention of the medical world, the above subject no doubt sounds prosy and commonplace. With no suggestion of germicides, tuberculin, anti-toxin or "X" rays, such a title will hardly attract a passing thought, and yet, while we are soaring so high in the realms of serum-therapy, animal extracts, etc., it may be well for us to descend occasionally and consider for a few moments some of the common every-day ills of life, and their simple every-day remedies.

That ordinary ear troubles are very frequently neglected and their seriousness overlooked by the busy practitioner, is shown by the great number of cases of deaf-mutism, the result of acquired and preventable deafness, and the cases of otorrhea, which come to a specialist with a history of having existed for several years. While it is of great importance to watch our ports and keep

epidemics of cholera and yellow fever from gaining a foot-hold among the masses of our people, may it not be well for us to keep an eye to the welfare of the individual, that he may at least start life with as few handicaps as possible?

The few avenues to a successful life open to a deaf-mute, and the great obstacles and difficulties with which he has to contend in his struggle for existence, are apparent to all, but the simple impairment of hearing is frequently a bar to success in many vocations, and a much greater handicap than we might at first thought suppose. For instance, in our own profession, what an imperfect knowledge of the condition of the heart and lungs we would have if the great aids of auscultation and percussion were denied to us. In the legal profession, at what a great disadvantage a lawyer would be if he could not hear the testimony of witnesses on the stand, or the argument

of the opposing counsel. In the ministry, what poor penitent would like to confess his sins at the top of his voice, or ask advice and guidance of a deaf spiritual adviser on subjects intended only for his ear? But it is not only in these professions that deafness proves a handicap. It is very annoying, at least, in every vocation, and is a bar to entrance into the army or navy, and such occupations as telegraphy, stenography, phonography, teaching, railroading, storekeeping, etc. There are in the United States about 50,000 deaf-mutes, or one in 1,200 of our inhabitants, and the number of those suffering with impairment of hearing, sufficient to interfere with the routine duties of life, would no doubt run into the hundreds of thousands.

All of the cases of deaf-mutism are such from birth, or are acquired before the seventh year, and a great number of the cases of impaired hearing are acquired during childhood, so it seems that the care of children's ears may well be worth our serious consideration, for many of these troubles can be cured or prevented.

We will first consider deaf-mutism. There is quite a diversity of opinion in regard to the proportion of congenital cases to acquired cases, but fifty per cent of each is probably a good estimate.

Of the congenital cases Politzer says the most frequent causes are hereditary, including direct transmission from the parents, as well as indirect transmission from forefathers, and marriage between blood relations.

According to Hartman's investigations direct transmission is rare, while indirect transmission occurred in 68 per cent of his cases. Then, for the prevention of congenital cases, we should

advise against the marriage of those closely related, and of those who have deaf-mute relations.

Of the acquired cases, cerebrospinal meningitis is the cause of a large number of cases, which, unfortunately, cannot be very successfully treated, though counter-irritation in the way of blistering behind the ears is recommended, in addition to the usual constitutional treatment and attention to the middle ear. Typhus, scarlet fever, diphtheria, mumps and measles, are the other principal causes, and these usually produce deafness by the extension of inflammation from the nose and throat through the Eustachian tube to the middle ear. Exposure to these epidemics should be avoided, especially before the seventh year, and in every one of these acute infectious diseases we should be on the lookout for ear complications.

Mothers should be instructed to watch for signs of earache, such as the sharp cry peculiar to this trouble, putting the hand to the ear, etc. Also to watch for discharge from the ear, especially if there is sudden subsidence of the pain, which usually indicates rupture of the drum membrane.

At the same time the nose may be stopped up, and there may be other indications of a general coryza. In the treatment of acute otitis media, relief from the earache is usually the first symptom needing our attention. We have no specific for this, as the pain is from pressure of a swollen mucous membrane in the middle ear, or from pent-up pus in the same cavity, and cannot be cured until this pressure is relieved.

However, hot applications and anodynes lessen the pain and should be used. Heat may be applied by hot bran



bags, water bags, or the Japanese hot box, and the solution poured into the ear should be as warm as can be borne. Menthol twenty grains, to one ounce olive oil may be used, or a solution of atropia, morphia and cocaine, about ten drops in the ear. Of course the latter should not be used after a discharge has begun, as the solution may go through the perforation into the throat and produce poisoning.

The ear should also be gently inflated by means of the Politzer air bag, which aids in cleansing the ear and opening the Eustachian tube. Under this simple treatment nearly every case will be cured in a week or ten days, and yet Dr. MacCuen Smith says there are annually dying in the United States four thousand inhabitants from cerebral abscess caused by an otorrhea.

That is certainly a reflection upon our profession, and we should not be satisfied until the occurrence of all preventable diseases is reduced to a minimum. Very often, however, the attention of the family physician is not called to a case of otorrhea until it has become chronic or offensive, and he is not responsible for its chronicity. The treatment of chronic otorrhea is much the same as the acute, that is, cleanliness is of first importance, but after cleansing with such antiseptic solutions as the bichlorid, boracic acid, and hydrogen peroxide, some prefer what is known as the dry method, that is, the insufflation of boracic acid powder which is allowed to remain in the ear until it becomes moist, when it is washed out with one of the above solutions and replaced by fresh powder, and so on. In some of these old cases granulations and polypi are found; these usually require the attention of a specialist, but instillations of alcohol may

be tried for the granulations; the polyp must be removed. Mastoid complications had better be referred to a specialist without delay.

One of the most common causes of impaired hearing is chronic non-suppurative otitis media; this is invariably the extension of a catarrhal condition of the nose and throat, and usually comes on so gradually that ear trouble may not be suspected. The child may be considered stupid and inattentive, when, in fact, it is dullness of hearing. The hearing of children should be frequently tested by parents. With their eyes closed, see if they can hear a watch 30 or 40 inches away. When the hearing of either ear is below normal it should be investigated. Especially should this be done if the child suffer at all with nasal catarrh or occlusion of the nostrils, and its consequent mouth breathing. The hearing is worse when the patient has a bad cold. The treatment of this trouble consists in correcting the nose and throat trouble primarily, and in medicating and inflating the middle ear.

I will not consider the treatment of nasal catarrh in this paper, but will recommend in conjunction with it, the following method of inflating and medicating the middle ear. Instead of the Politzer air bag I prefer the globe nebulizer. The air bag frightens a child, and there is some danger of rupturing the membrana tympani by too forcible propulsion of air through the Eustachian tubes. With the nebulizer the vapor can be medicated and the middle ear very gently inflated, and children will submit to it very readily. This should be used two or three times a week. Children sometimes complain of earache when there is no congestion or inflammation apparent about the

middle ear. This may be from decayed teeth, so in such cases the teeth should be examined and treated if found to be defective. Ceruminous deposit is another frequent cause of deafness. However, this is very readily remedied by a syringe and warm water, though it is sometimes necessary to soften the wax by filling the ear with a solution of bicarbonate of soda at bed-time. It can usually be removed the following day. The ear should be washed only with warm water, and no cold application should be used in the ear. The physician is frequently called on to remove foreign bodies from the ear, such as insects, grains of wheat, corn, beans,

slate pencils, etc. Sweet oil or glycerine will usually kill or quiet an insect, after which it can be removed like any other foreign body, that is, by means of a syringe and warm water.

I will close this paper with an admonition to the general practitioner never to use a probe, ear spoon, or forceps in these cases, as great injury has been done with these little instruments while contending with a struggling child. Foreign bodies sometimes remain in the ears for years without doing injury, so there is no need of haste, excitement, or forcible methods in dealing with them.

Washington, D. C.

### *The Prevention of Blindness.*

(Issued by the authority of the State Board of Health of Pennsylvania.)

THE most important fact in the production of blindness is the purulent ophthalmia of infants, or ophthalmia neonatorum. Fuchs found that among 3,204 cases of blindness collected from asylums in different parts of Europe, 23.5 per cent were due to ophthalmia neonatorum. In the New York Institution for the Blind, at Batavia, 23.4 per cent of the inmates are there as the result of the same disease.

Horner has shown that among 100 blind asylums in different countries, the variation was from 20 to 79 per cent—average 33 per cent.

Hausmann gives the number in the asylum in Copenhagen made blind by this disease as 8 per cent; in Berlin, 20 per cent; in Vienna, 30 per cent; in Paris, 45 per cent.

According to the report of the Royal

Commission on the Blind, of the English Government, published in 1889, 30 per cent of the inmates of the institutions, and 7,000 persons in the United Kingdom, have lost their sight from this cause. Professor Magnus, of Breslau, finds that no less than 72 per cent of all who become blind during the first year of life, are rendered so by purulent ophthalmia; and even of those who become blind before the twentieth year of life, it constitutes as much as 23.50 per cent. Looking at the subject in another way, he shows that of 10,000 children under five years of age, 4.28 are blinded by purulent ophthalmia. In the blind asylums of Switzerland the proportion who have lost their sight from this disease is 26 per cent; in the asylums of Austria, Hungary and Italy, about 20 per cent; while in Spain and

Belgium it falls to about 11 or 12 per cent. An investigation into the causes of the blindness of 167 inmates of the Pennsylvania Institution for the Blind, made by Dr. George C. Harlan, of Philadelphia, developed the fact that fifty-five owed their affliction to purulent ophthalmia, and that more than half of these cases occurred in infancy.

Whenever the fact is demonstrated that a disease is infectious, contagious, communicable from person to person, either by direct contact or through the medium of infected articles, it becomes the duty of the physician and the sanitarian to discover, if possible, the source and character of this infectious matter, and to devise means for preventing its transmission.

Ophthalmia of the new born is an infectious disease, and can only occur after the infectious matter has come into actual and somewhat prolonged contact with the conjunctiva. The noxious matter is in every instance derived from an inflamed vagina (or urethra), or from another eye. In the great majority of cases infection takes place from the vagina, and it is to be remembered that the disease is not caused by the secretion of a specific (gonorrheal) catarrh only, but that it may be produced by the secretion of a simple leucorrhea, or at least by what is recognized as such clinically.

As regards the period when infection occurs, this may take place either during or immediately after birth, or at some subsequent moment. If the former, the disease manifests itself by redness and puffiness of the lids at from the second to the fifth day; if it does not appear until later, infection has taken place subsequent to birth. This may happen by the transference of secretion to the child's eyes in various ways, as by the

hands of the attendant, by soiled linen or sponges, etc.; but the lochial discharge, as such, has been found to be incapable of causing the affection, if the woman be free from inflammatory disease.

The discovery of the gonococcus has led investigators to examine the secretion of purulent ophthalmia for the same organism—and in the vast majority of cases examined, it has been found to be present therein also; still, different observers appear to have reached results not entirely in accordance as to the relative frequency with which this organism is present. Cases do occur in which it cannot be found. Hence the attempt has been made from a bacteriological point of view to recognize different forms of the disease—a specific form and simple inflammatory forms. As stated above, the *secretion of simple vaginal catarrhs* is capable of causing purulent ophthalmia.

Formerly this disease was attributed to a variety of causes, such as injuries received by the eyes during birth, icterus, chilling of the body, or intense light, but these views are, of course, no longer entertained.

It is hardly too much to say that *no one should become blind from this disease*; not only because it is quite amenable to treatment, if this be instituted from the beginning, but because the disease itself can be prevented in most instances if those who have the care of mother and child understand the nature of the affection.

From the facts and figures above given, it will be seen that this is simply another way of saying that *one-third of those who are now blind might have been saved from this calamity*.

It will at once occur to the physician that if unhealthy discharges from the

vagina of the mother are the cause, and the sole cause of this affection, it is his duty to cure all conditions producing such discharges during pregnancy. If he does not succeed in this, he can at least render them harmless by washing out the vagina with a disinfectant solution during labor. The physician, however, will usually be sufficiently alive to the importance of this subject, and will also be competent to recognize and to treat cases of the disease when it has become fully developed, and thus prevent its termination in blindness. Dr. Schneidman, in a recent paper read before the Philadelphia County Medical Society, says that "perfect recovery without damage to the cornea," is always attainable by prompt, vigorous treatment and assiduous attention. Preventive, and not remedial measures, are, however, the subject of this circular.

The plan now adopted by scientific physicians, is that known as the "*Credé* method," from the name of the physician who introduced it. It consists in first carefully washing the eyes of the child with pure warm water, and then dropping into them one or two drops of a two per cent solution of nitrate of silver. If all the environments of the child are hygienic, and the physician is sure of the healthy condition of the vaginal mucous membrane, the first measure will be all that is necessary; but, under all other circumstances, the second should never be neglected. The proof of the good results of this simple precaution is overwhelming.

Dr. Lucian Howe, of Buffalo, has collected two lists of cases, the first showing the result obtained and published by different obstetricians who used no treatment for the eyes of 8,798 children born under their care. Among these, 8.66 per cent had ophthalmia in a greater or less degree.

The second list of 8,574 shows the result of the *Credé* treatment. In these cases there were only 0.65 per cent. In the Lying-in Hospital of Leipsic, where *Credé* instituted his own method, the percentage fell from 7.5 to 0.5 per cent. The advantages of *Credé*'s method have been recognized by its official recommendation in Austria, Germany, Switzerland, France, and in this country.

In view of these incontrovertible facts, it becomes the duty of all physicians who are engaged in the instruction of nurses and midwives, under whose care, rather than that of the thoroughly qualified physician, these cases are apt to occur, to impress upon them the terrible risks incurred by neglect of cleanliness in this particular, and to require of them an intelligent appreciation of the importance of the subject and an acquaintance with the signs of commencing inflammation of the eyes and of the methods above detailed.

This class of attendants on lying-in women should not, however, attempt to conduct the prolonged treatment of a case of inflamed eyes of the new-born infant by themselves, but should place the case under the charge of a physician at the earliest possible moment.

## *The Value of Meats as Foods.*

By R. H. CHITTENDEN, PH. D.

Professor of Physiological Chemistry in Yale University.

REGARDING the use of meats as food there are some interesting facts that may be profitably considered. Thus, it is stated, that in western Europe, among the easier classes, one-fourth of their food consists of meat or fish, three-fourths being made up of vegetables and fruits. In Great Britain the proportion of meat used is considerably larger. In both countries, however, there is evidence of a steady increase in the consumption of meats. This increase, as Sir William Roberts says, is not due to any change of habits among the easier classes, but to an increasing use of meat among the working classes. "As wages improve, the diet of the working classes tends to become more and more assimilated to that of the easier classes. Among the latter it may be said that a state of equilibrium in regard to this point has been attained, or at least approached, and that meat constitutes as large a part of their dietary as it is likely to reach. But with the larger part of the population this is far from being the case. Meat is a dear form of food. In regard to proteid matter lean beef contains, roughly speaking, twice as much as wheat flour, but beef is about four times as dear as flour, so that you may estimate that proteids of animal source are about twice as costly as proteids of vegetable source." Yet in spite of this fact it is evident from the above statements that there is an instinctive desire on the part of the people, without any thought or reference to dietetic questions, for a certain amount of meat or animal proteid as a part of their daily diet; and as soon as there is money available for the purchase of such foods, they are quick to increase their consumption of this important food-stuff. The hard-working laborer is the man, above all others, who needs the full complement of proteid food, and he is adding to his own strength and prosperity, as well as of his children, when he is able to provide his family with a reasonable amount of animal proteid. But there is a lamentable amount of ignorance in regard to the nutritive value of proteid foods, especially those of animal origin, and coupled with this is an utter lack of appreciation of the real connection between nutritive value and cost. The cheapest food is that which supplies the most nutriment for the least money. The well-known maxim that "the best is the cheapest" is not true of foods, for the term "best" in this connection is ordinarily applied to that which has the finest appearance, the finest flavor, the most tender structure, etc., and does not necessarily imply that it is the most nutritious, healthful, or economical. Its high price is dependent solely upon its fine appearance or its rare flavor, the question of nutrition being a minor consideration. Thus, there is no more nutriment in a pound of proteid from tenderloin steak than in the same weight of proteid from the neck or shoulder, and yet note the great difference in the cost. To be sure, the tenderloin is naturally more tender, has a little richer flavor, makes a better appearance upon the table than a piece from the shoulder of the same animal, but



it will not supply the body's needs one particle better than the coarse-grained meat from some other quarter.

The high-priced tenderloin is simply a dietetic luxury, quite justifiable for the man who can afford it, as any other luxury may be, but not to be recommended on the ground that it is more nutritious. And yet many a hard-working man, with the laudable desire to provide himself and family with a good and nutritious dietary, spends his hard-earned money in a reckless and foolish manner through his ignorance of the fact that the food sold at the highest price is not generally the cheapest. He thinks he must emulate his richer neighbor, and that to economize by buying anything inferior in quality or cheaper in price would be a sacrifice of both dignity and principle. This point has been well discussed in a recent bulletin issued by the United States Department of Agriculture on the nutritive value and cost of foods. "No one," boasts a coal laborer, whose case was cited by Mr. Meriwether in illustration of this very point, "can say that I do not give my family the best of flour, the finest of sugar, the very best quality of meat." He paid \$156 a year for the nicest cuts of meat, which his wife had to cook before six in the morning or after half-past six at night, because she worked all day in a factory. When excellent butter was selling at twenty-five cents a pound he paid twenty-nine cents for an extra quality. He spent only \$108 a year for clothing for his family of nine, and only \$72 a year for rent in a close tenement-house, where they slept in rooms without windows or closets. He indulged in this extravagance in food when much less expensive food materials, such as regularly come upon the

tables of men of wealth, would have been just as nutritious, just as wholesome, and in every way just as good, save in its gratification to pride and palate. He was committing an immense economic blunder. Like thousands of others, he did so without understanding at all that it was a blunder.

A great deal of this kind of folly, I fancy, is attributable to lack of knowledge of the art of cookery. The housewife, not knowing how to properly prepare the cheaper grades of meat so as to make them palatable and attractive, concludes that they are not as nutritious as the more tender and juicy cuts that can be bought at a higher price, and which require little judgment or skill to prepare for the table. Here is a field for missionary labor that will well repay the cultivation, and that it is being appreciated is fully demonstrated by the establishment of New England kitchens, schools of cookery, and other kindred institutions in our large cities. I fancy, too, that knowledge of this kind may be advantageously acquired by those whose means render it perhaps less vital, for a waste of food material is a crime against both pocket and morals.

In conclusion, allow me to say that in my judgment meats occupy a somewhat peculiar place in our category of dietetic articles. A close examination of the dietetic customs of civilized peoples shows that two distinct objects are ever kept clearly in view, viz, the satisfying of the grosser needs of the body—the needs of general nutrition—and satisfying the needs of the higher functions of the central nervous system. Now meats plainly share with vegetables, fruits, dairy products, etc., the ability to minister to the former wants of the body, but in addition, as already

stated, they have certain stimulating properties which distinguish them from the grosser vegetable foods. In this respect they might perhaps almost be classed with such articles as tea, coffee, etc., in their power of ministering to the wants of the brain and nerves. As Sir William Roberts well says, "The struggle for existence—or rather, for a higher and better existence—among civilized men is almost exclusively a brain struggle; and these brain-foods, as they have been not inappropriately termed, must be regarded as a very important part of the equipment for that struggle. . . . If we compare, as best we may with our limited information, the general characteristics of the high-fed and low-fed classes and races, there is, I think, to be perceived a broad distinction between them. In regard to bodily strength and longevity the difference is inconsiderable; but in regard to mental qualities the distinction is marked. The high-fed classes and races display, on the whole, a richer vitality, more momentum and individuality of character, and a greater brain-power than their low-fed brethren; and they constitute the soil, or breeding-ground, out of which eminent men chiefly arise." A high standard of nutrition is the best adapted for bringing to full perfection the physical and mental qualities of the individual. The more subtle effects may not be visible at once, but when a certain type of nutrition has been acquired and intensified by long continuance, handed down perhaps from generation to generation, it becomes an inherent part of the individual; and exercises an important influence upon his character. It is well understood that differences in mental capacity may be explained, in part at least, by differ-

ences in the type of nutrition of the brain-cells, and nutrition is unquestionably modified and influenced by the quality of the food consumed. Meats furnish to the body something more than the mere proteid matter contained therein, and the same may be true of all kinds of food, both animal and vegetable. I am aware that in making this statement I am wandering somewhat from the strictly physiological standpoint, but it is necessary to understand that there is a sort of intangible influence exerted over the body by the quality of the food consumed. To quote Sir William Roberts once more: "There are some very subtle and exceedingly curious relations between the quality of the food and the nutrition and vital habits of the body. They are profoundly difficult to understand, and yet are absolutely authentic and highly important. One would think that so long as an animal obtained his due quantity of proteids, carbohydrates, and fats, it did not matter much from what source they were obtained. But this is far from being the case. There are differences in effect not only between animal and vegetable articles of food, but also between one kind of animal food and another, and between one kind of vegetable food and another. . . . Experience has taught trainers that the vital habits and qualities of horses and dogs are considerably modified by the nature of their food. The characteristics of each strain are transmitted by heredity, but in order that they may be maintained in perfection, the offspring must be fed with appropriate food. Trainers will tell you that the hunter and the draught-horse require to be fed differently. The hunter is bred and fed for speed and carrying power; the draught-horse for bulk and

strength. In the hunter is wanted rapid liberation of energy within a comparatively short space of time; in the draught-horse is wanted a more gradual liberation of energy and for a longer period. To bring out their qualities, each strain must be fed appropriately. The hunter is fed on a concentrated and stimulating form of food—chiefly on the heaviest and most expensive oats—which, if I may so express it, is the ‘beef’ of the vegetable feeders; and, unless he is so fed, he will not perform satisfactorily in the hunting field. The draught-horse is fed on a lower and less stimulating diet—on Indian corn and chopped hay—food which tends to increase bulk and weight. Slow-going sporting dogs—setters and harriers—

are fed chiefly on oatmeal and weak broth, but the coursing greyhound is trained on the very best of beef and mutton; and if these distinctions are not observed neither kind comes up to its best performances.” So with mankind, the nature and quality of the nutrient—aside from its containing the due proportion of the several requisite elements—exert a specific influence upon the character of mind and body, and meats may be fairly placed in the front rank of foods as giving important aid toward that higher physical and mental development which belongs to the civilization of the nineteenth century. (The concluding portion of two articles which have appeared in the *Dietetic and Hygienic Gazette*.)

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### *The Relief of Shock.\**

R. S. JOYCE, M.D., Ogden, Utah.

THE relief of that condition known as shock, is part of the province of every physician. To-day we have specialists on almost every square inch of the human anatomy, but we have no specialist on shock. Nor is it my intention to develop one, but rather to offer a few suggestions to the everyday doctor who, sooner or later, meets one of these cases.

Unless I am greatly mistaken, there is not a physician present who has not recently had occasion to attend some unfortunate, whose life depends upon a few hours of judicious management.

The establishment of hospitals and their equipment with ambulances and other appurtenances for out-door work; the equipment of railway trains and similar common carriers with suitable

restoratives and intelligent instructions for the care of injured persons; all prove the necessity of a careful study of this grave condition by the average practitioner.

It is not from a humanitarian standpoint that these conveniences are afforded, but from the fact that corporations readily understand that a systematized treatment of these cases affords the best means of saving life.

We understand by shock a partial suspension of animation, due to powerful impressions on the system by physical injuries or mental emotions.

Whether the shock comes from the loss of a limb or from extreme fright, the result is similar in symptoms, and differs only in intensity.

In degree it varies from a slight

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\* Read before the Utah State Medical Society.

pallidity of the face, with perhaps a few drops of perspiration, to that condition where every breath seems the last. It is induced most frequently by the reception of some severe physical injury, and lasts from a few moments to several days.

We will consider more particularly the treatment of that shock which follows severe injuries. It matters but little whether the condition is produced by a strong electric current or from a railway injury. Outside of minor details, the treatment will be the same. The appearance of persons in this condition is so uniform, that once seen it can never be forgotten. The patient lies usually upon the back; the limbs extended; the face pale and damp to the touch; the nostrils dilated; and the breathing feeble and occasionally interrupted by a sigh. The temperature is usually lowered.

The pulse is feeble and slow. The eyes are more often partly closed, while the sclera looks dry and lifeless.

With this train of symptoms you can not mistake the condition, and whether or not you find a wound, you ought not to mistake the serious condition of your patient. I remember finding a patient in this condition a short time ago. He was said to be drunk. There was no one to give a history of his condition, and yet when his clothing was removed, a bullet wound under the left scapula explained it all.

The cause should be a secondary condition. Your undivided attention is now necessary to save a human life. It is too often the practice, especially among young physicians, to overlook the condition of shock while their mind is fixed on extracting a bullet or making a pretty amputation. No operation is justifiable in such a case, unless it be to ligate a

bleeding artery, lift a depressed fracture, or restore some organ to a more comfortable position. Besides, your patient is very likely to die, and under the knife you share part of the responsibility in the eyes of the laity.

Don't be afraid someone else will be called to do the cutting !

If you save a life which now hangs by a fibre, your own conscience will thank you, at least. When such a condition confronts you, think a little, but think quickly. Ask yourself what is going on in this patient's anatomy. The blood is circulating slowly and feebly. The cold extremities show you this, and the clammy skin cries out for heat. Heat is your sheet anchor. Your mind will run to digitalis, whiskey, strychnia, and a thousand other heart stimulants. Don't use them now.

In the first place, to pour whiskey into the stomach is useless, as that organ now is inactive, and the best result you can obtain is your whiskey, as it is vomited by the patient. Again you must be guarded how you whip this tired heart, lest it make one final effort and stop forever. Your patient is usually out of doors. Get him into the nearest warm room at once. He is in no condition now to be carried home or to a hospital. With hot blankets, hot rocks, and other devices, keep every portion of the body warm, not forgetting the head.

The breathing is slow and feeble. Keep him recumbent, with head lowered, but don't leave a broken arm resting across the abdomen or thorax. A little diffusible stimulant may be held to the nose, and a mustard poultice placed over the stomach. Artificial respiration is a last resort, but for appearance sake should not be forgotten. It might control that last spark of life

just flitting across the dark clouds to disappear forever. It might be the conductor over which a human life is carried.

When the first signs of recovery appear, which, by the way, will probably be the drawing up of a limb or maybe a long sigh, then use your stimulants. But go slow. Give a little brandy hypodermically or injected into the bowels. Or you may try a little strychnia. If your patient can swallow, he may

take a little hot soup or milk, although this is likely to be vomited. Give them hot, and in small quantities, often.

Remember, above all things, that you are not to do too much. It is a trying time to the young physician. Friends are urging him on. He feels he must be doing something all the time. And he can think of about a thousand things to do. But my parting words are—Don't do too much!

### *Scopolamine as a Mydriatic.\**

By ARTHUR G. HOBBS, M.D., Atlanta, Ga.

ALTHOUGH this mydriatic has had six or seven clinical articles since, when one year ago I read my second paper on scopolamine before this association, yet almost nothing, from a clinical standpoint, had been written before that date. Each of the articles which have appeared during the past year, has honored me by referring to my papers as the only clinical contributions on the subject to date.

To rapidly recapitulate, I have stated that scopolamine occupies a middle ground between atropia, on the one hand, which is known to produce a complete paralysis of the accommodation and retain its effects for a week or ten days, and homatropine, which is claimed by some, and denied by others, to effect a complete control of the accommodative muscles and retain its effects about forty-eight hours.

In the first case the time necessary to accomplish a full paralysis ranges from two and a half to three and a half days, and in the second ninety minutes to two hours, according to its advocates. If a one-twentieth per cent so-

lution of scopolamine be used, with intervals of fifteen minutes between the instillations, for one hour, the full effect is reached quite as completely as that produced by a three days' use of atropia. The paralysis lasts from one and a half to three days.

At first I used scopolamine in a solution of one grain to the ounce, but now I use it in much weaker solutions. It should be dropped into the eye at intervals of ten to twenty minutes on the cornea, until four or at most five instillations have been made, when it may be assumed that complete paralysis of the accommodative muscles has been reached. In simple refractive cases I prefer it to atropia always, because it does its work much more quickly, while its decline is at the most only about one-fifth, and oftener only one-sixth, of the time required by atropia. It produces no unpleasant effects in the throat, and accommodation is restored within a day and a half or two days after its instillation. If the patient is a business man who can afford to take but little time from his work, a weak solution of

\* Read before the Georgia State Medical Association, April 17, 1894.



eserine (one-eighth grain to the ounce), can be used, to more rapidly reduce the pupil. I now use scopolamine in a weak solution in cases of glaucoma with very small pupils, if a larger pupil for any reason is desired; for example, to thoroughly examine the retina. In some cases of iritis, when atropia has failed to produce sufficient dilation of the pupil, I have found that a solution of scopolamine accomplished the object well, although it was thus resorted to in but few cases. The pupil will be dilated one-half if 1-30,000th of a grain be properly dropped on the cornea, and 1-15,000th of a grain will dilate it to its full extent under the same conditions.

During the past year I have continued the use of this new mydriatic, and in this time no toxic symptoms have been manifested under its use, except, perhaps in half a dozen cases, in which there was merely a slight indication of constitutional effects. I use it now, most frequently, in a 1-40 per cent solution sometimes, in a 1-80 per cent, and occasionally, for some special reason (such for example as the history of a former resistance) as strong as 1-10 per cent. My basic solution from which I can make all others (except the rare

1-10) is a 1-20. I use the weaker solutions with as few restrictions as I would use boracic acid, barring an unnecessary dilation of the pupil. It produces no increase of tension, and hence the old eye, even if it be glaucomatous, does not restrict its use, as in a greater or less degree it would in the use of all other mydriatics.

Hydrobromate of scopolamine is as sure of producing a complete effect in sixty to ninety minutes as would atropia in two or three days, and it persists at the most only until the third day, oftener only two, instead of a week or ten days. For this particular reason the latter is often preferable, but not for refraction purposes pure and simple, where scopolamine will finally gain a place above all other remedies.

This drug, the most potent of all drugs, has now been used constantly in my refraction room for two and a half years, and I like it better and better each year.

[It should be stated in this connection that the above article embodies two earlier articles by the same author, which have already appeared in print. In these articles some points were brought out more clearly than are here recorded.—EDITOR.]

DR. HOWARD KELLY, of Johns Hopkins University, gives as one of the most recent advances in medicine, the ability to wash out the pelvis of the kidney by introducing ureteral catheters. Of course this can only be done in female patients, but the fact that it can be done here is remarkable.

DR. ROSWELL PARK, of Buffalo, says that severance of the pneumogastric nerve does not necessarily mean death.

In fifteen cases in which the nerve was cut only eleven died. In fifty cases in which this nerve was severely injured during operation, only twenty-one died.

DR. BLINDERMAN, of Germany, says it is possible to make a differential diagnosis between ulcer and cancer of the stomach by an examination of the blood. The difference is that in cancer there is a steady diminution in the proportion of hæmoglobin.

## Editorials.

### Treatment of Typhoid Fever.

*By Cold to Abdomen.*—So many methods for the treatment of typhoid fever have been advocated, as has frequently been stated in this journal, that one is continually at a loss to know which to adopt. The result is, that the majority of physicians still cling to those methods which have proven themselves to be attended with the best results, after years of their own experience. Recently, Dr. A. J. Downes has advocated the application of cold to the abdomen by means of ice bags over the lower coils of the ileum, and the beginning of the colon. Dr. Downes leaves the ice bags in place for an hour and a half, then a half-hour's intermission, to be applied again after that time for another hour and a half, and so on. In commenting on this the editor of the *Therapeutic Gazette* says he should be afraid to employ such prolonged applications, admitting, however, that if good results are obtained there is no reason for not doing it. While this treatment by ice bags seems altogether too radical, yet it is probably to be preferred to those methods which require heavy medication. We are too likely to stray away from the teaching of Prof. Osler, which is, that typhoid fever is not a disease to be treated by medicine. From the study of recent literature it appears that guaiacol, in small doses several times a day, is being recognized as a most valuable remedy.

*By the Woodbridge Method.*—As guaiacol is one of the principal ingredients in the Woodbridge method of treating typhoid fever, so it is proper here to call attention to this new method.

Dr. Sterling Ruffin, of Washington, D. C., has reported cases which show that the Woodbridge treatment not only reduces the high temperature, but also, to all appearances, cuts short the disease. In one case, the tablets were given only twenty-four hours before a reduction in the temperature was noticed, while in four days, the seventh day of the disease, the temperature was reduced to normal. Recently, Dr. George Duffield, of Detroit, Mich., has reported a series of thirteen cases, treated exclusively by the Woodbridge method. These cases are given in a recent number of *MEDICINE*. In all cases the medicine proved satisfactory, shortening the disease and lowering the temperature. The average duration of the disease was 13 7-13 days. Dr. Duffield says that he believes this method aborts, and greatly modifies the severe cases of typhoid fever. He says there is no tendency to relapse, no unfavorable complications arise, and the bad effect of prolonged stimulants is done away with. He says the plan is a most successful one, and he heartily commends it to all his fellow-practitioners. The treatment consists of three formulas, which can now be procured in tablet form.

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### Uses of Phenacetin.

Phenacetin is now very generally used by the profession, and by many physicians it is regarded as a drug of great value. Dr. Eldredge, of Philadelphia, has recently contributed an article to the *Medical and Surgical Recorder*, in which he sets forth some of its uses, which have proved most satisfactory in his practice. In scarlet

fever he uses phenacetin and a cold bath in all cases at the onset of the attack. This treatment not only reduces the temperature, but also modifies the course of the disease to some extent. In diphtheria, phenacetin controls the fever and reduces the temperature, with happy results. In La Grippe, it is a most valuable drug, especially when combined with quinine. A favorite prescription of the author is phenacetin, 3 grains; quinine sulphate, 2 grains; in capsules once every three hours. In the various forms of headaches, phenacetin stands unrivalled, being prompt in action and lasting in its effects. In headaches of nervous origin, he prescribes a pill made by Schieffelin, that is composed of phenacetin, 3 grains; caffeine, .1 grain; citric acid, 1 grain. In pneumonia, it is a safe and efficient remedy. It reduces the temperature like magic, and relieves the pain. In acute articular rheumatism, in doses of from ten to fifteen grains three or four times a day, he has had most satisfactory results. He gives the phenacetin in powder and, at the same time, salicylate of soda in liquid form. Under this treatment pain and swelling subside, and the disease disappears quickly. Even when there are heart complications phenacetin is perfectly safe. In tuberculosis phenacetin will reduce the fever and control the cough. In whooping cough it has proved very satisfactory. When given early in an attack, it modifies the spasm and diminishes the frequency and severity of the paroxysms. It does not cure the disease, but under its influence the disease runs a shorter course and is less severe. In measles, phenacetin can be relied upon to reduce the temperature and control the restlessness. One great advantage of this drug

is that it is practically tasteless and can be easily administered in almost any form.

#### **Influence of Tobacco Upon Its Users.**

Dr. C. H. Powell describes eleven effects of tobacco, in an article to the *General Practitioner*. These are as follows: (1) Greater hyperemia of the naso-pharynx than any known agent. (2) Frequent recurring attacks of quinsy. (3) Laryngitis of a sub-acute form. (4) Chronic periodical cephalagia from hyperemia of the frontal sinus. (5) Chronic hyperemia of the Eustachian tubes. (6) Gastric derangements. (7) Polyuria. (8) Cold hands and feet. (9) Impaired intellect. (10) Great weakness of the heart's action. (11) Lessened respiration, diminished oxidation. Each of these influences is fully discussed. The author concludes that tobacco is one of the slowest, and one of the surest, poisons to the human race.

#### **Properties of the Ductless Glands.**

That we are not fully acquainted with the physiological effects of substances produced by the ductless glands, is evident. Although their action may be obscure, yet it is certainly true they are manifold. The editor of the *Archives of Pediatrics* says that evidence is rapidly accumulating which indicates that these glands have the power of producing substances noted for remarkable physiological activity.

The thyroid gland has been especially studied, and the suprarenal capsules have received a certain amount of attention. Removal of the thyroid from carnivorous animals is followed by the most decided symptoms. Convulsions, and finally death, usually re-

sult from such an operation. On the other hand, the transplanting of the thyroid gland, or the injection of its secretion into those suffering from certain well marked pathological conditions, is followed by symptoms almost equally decided. Such results open a wide field for investigation, and suggest many therapeutic possibilities.

The administration of thyroid glands to healthy individuals, causes a marked decrease in the body weight. It has more direct influence upon the consumption of the body fat. It is now known that the fibroid substance gives rise to an increased output of carbonic acid, due obviously to the increased composition of the adipose material. Enough is certainly known at the present time to indicate quite clearly that these ductless glands have marked influence upon the metabolic changes going on in the body.

#### Opening Tubercular Abscesses.

It seems out of place to question the advisability of opening chronic tubercular abscesses, but the question has recently arisen whether it is better to open these abscesses or to adopt the plan of non-interference. In these days of antiseptic surgery, one would think that free drainage was the proper method to pursue, but practical experience sometimes sets our theories at naught. Recently Dr. H. M. Shaffer, of New York, has reported to the *New York Medical Journal* thirty-five cases of chronic tuberculous diseases of the joints, all treated upon the plan of non-interference. After adopting this plan, Dr. S. found, to his surprise, that many abscesses entirely disappeared; that some became quiescent or encysted; that few gave rise to trouble; that those which opened spon-

taneously almost uniformly did well, and that the results were more satisfactory and more permanent than when he resorted to opening and drainage.

#### Fortunes on Paper.

An exchange says that Nawab Fakr-ul-mulk, of India, has made a will leaving \$3,000,000 to his medical man. Once we knew a man who made a will in which he gave a relative of ours \$100,000. He gave \$1,000,000 to a certain well-known university, and friends relatives and institutions of all kinds, were generously remembered. At last the man died, owing everybody from whom he had been able to obtain money. It was then found, upon careful investigation, that he had always possessed the ciphers, which are so valuable when placed at the right of a number, but that was all. We trust our Indian "Medical Man" will not find that his fortune is all on paper.

#### Cure for Backache.

An editorial in the *Kansas City Index* on backache as a symptom, says that it has never been in evidence why a woman's backache should generally be attributed to a pelvic disease. This reminds us of an instance related by a patient who said she consulted an aspiring gynecologist for relief from her backache. After describing her sufferings the doctor gave her a great fright by asking, "Had you thought of having the abdominal cavity opened in order that one might see if anything was wrong?" And, in fact, before the visit was over she was strongly urged to submit to an exploratory laparotomy in order that the surgeon might see what he could see. We are inclined to agree with the editor of the *Index*,

who says that if we would treat our patient and not her uterus alone when she complains of backache, we would often succeed in having the tenderness of the pelvic structures disappear like magic.

#### The Value of Illustrations.

We have always believed an illustration which illustrated was worth many times the same amount of space devoted to text; hence, for books on physiology, histology, pathology, surgery, obstetrics, in fact in nearly every branch of medicine illustrations are positively necessary. One of the most striking examples of the value of illustrating truths is given by the *Medical Record*, which recently published the map of the world. The central point is the City of New York, from which red lines radiate to every civilized country to which the *Medical Record* is regularly mailed. The argument is convincing. No amount of writing could tell the story so well.

#### The "No Danger" Doctor.

This is a great text with some physicians, who are ever ready to do almost anything if an array of statistics only conveys the impression that there is "no danger." These are the surgeons who are ready to perform a laparotomy for every backache or chronic abdominal pain. If there is a question about the presence of gall-stones, then an operation is suggested in order to have the question decided. These "no danger" doctors are the ones who thoughtlessly remove every enlarged tonsil with the guillotine. They always remind us of the physician who assured his patient in the strongest terms that he would recover. Pressed for an answer why he could speak so positively when the man was so desperately ill, he replied :

"Statistics show that nine out of every ten die with this disease. I have had nine cases, and they have all died. As this is the tenth, recovery must follow." Who will undertake the task of teaching these "no danger" doctors or surgeons that all laparotomies are dangerous, and that even abdominal operations often fail to give relief? Who can make the "no danger" general practitioner believe that hemorrhage is sometimes extremely severe after tonsillotomy, and that some of the very best throat surgeons have had most alarming and even fatal hemorrhages?

#### Surgical Don'ts.

An exchange says, among a number of things a surgeon should not do, he should not fail to use soap. He should always wash his hands after operating, and "should not take home any sponges which have been soaked with pus." We have heard of young children filling their pockets with ice cream when starting for school. We have heard that the pocket of the small boy sometimes contains as high as a thousand different articles. We have heard that it is necessary for a woman to turn around four times in a street-car before she can find her pocket. But never, never have we heard before that a surgeon or any of his assistants was likely to carry around in the pocket a number of "sponges which have been soaked with pus."

#### The Lady or the Tiger.

A writer in a French medical journal recently describes the case of a soldier who was afflicted with hoarseness, coughing, spitting of blood and dyspnoea. Direct examination, both with and without the laryngoscope, showed the



presence of a horse-leech in the larynx. The writer then says that extraction by the natural passages was impossible, and spraying with various solutions proved useless. Here the story ends. At least this is all that the *Medical Age* quotes; hence we are left in the dark as to whether that poor soldier still has this leech in his larynx or not. We have thought over the subject for a number of days, and it has caused us intense anxiety. Is the leech still in this man's larynx?

### What is the Matter?

Dr. J. H. Kellogg, of Battle Creek, has been contributing to his journal, *Modern Medicine*, a series of most interesting and valuable articles on "What is the matter with the American Stomach?" Although the author discusses this in a thoroughly scientific manner,

yet we cannot refrain from giving our conviction that the answer to this question is, "because we cannot get enough to put in it."

### Why Cuba Should Be Free.

The editor of the *Atlantic Medical Weekly* gives a new reason why we should be in favor of Cuban independence. As the policy of Spain has ever been to squeeze from Cuba the maximum of money with the minimum of expenditure, so it follows that nothing has been done in the way of attention to the hygienic measures of the island. With Cuban independence all this will be changed, and we may then hope that our Southern ports will be less liable to infection from yellow fever, to say nothing of the possible danger from leprosy. Therefore the new cry may be, Free Cuba, Freedom from Yellow Fever!

### A WINTER APPLE.

t lay before me on my study-table,  
So smooth, so juicy, and so rosy red,  
That in a pensive mood, soliloquizing,  
While musing on life's changes thus I  
said:

"Speak, oh, my friend, so ruddy and so mel-  
low,  
Smiling upon me from my table there,  
In what green orchard did you ripen, sweet  
one?  
Where did your tinted blossoms scent the  
air?

"Did your green leaves o'ershadow birdlings  
tender,  
And whisper softly in the summer breeze?  
And did the golden sunbeams, warm and  
soothing,  
Fleck thro' the branches of the apple-trees?

"Oh, tell what that gallant sunbeam whispered  
That bright day when the birds were wild  
with joy;  
Say, did it whisper, 'You, of all, are fairest!'  
Flushing with brightest red your cheeks so  
coy?"

But all in vain my queries, for no murmur,  
No whisper came responsive to my noise;  
Unable to resist, I seized the treasure  
And ended all its sorrows and its joys.

—*Life and Health.*

## Leading Articles of the Month.

**Oxygen after Ether.**—Dr. Theophilus Parvin, of Philadelphia, contributes a valuable article to the *Medical and Surgical Reporter* on "Oxygen after Ether." He says :

"Dr. Landau is one of the few Berlin operators who prefers ether to chloroform as an anesthetic; and he has found, by a very large experience, that as soon as the operation is ended, if the patient immediately inhales oxygen freely for a few minutes, she does not subsequently suffer from headache or nausea and vomiting. The immediate effects of inhaling oxygen are: the dusky hue of the face disappears, and the pulse becomes fuller and slower; there is, too, a more rapid recovery of consciousness. I had many opportunities of witnessing these results at Dr. Landau's hospital. The day subsequent to operations I several times visited these patients, at the doctor's request, asking them as to the freedom from vomiting and pain, and the invariable reply was that they had neither.

"Within the last few weeks I have, after four operations, followed Dr. Landau's practice, and the results were most satisfactory, so that I am almost as positive as my friend, Dr. A. B. Hirsh, who, by my suggestion, in an operation recently done by him for the removal of the uterine appendages, ether being given, subsequently employed oxygen, asserts that he will never use ether without oxygen afterward.

"Two of the four cases were test cases, in that they had previously undergone operations in ether-anesthesia, and suffered severely for two days from headache, nausea and vomiting—so severe

was the last that during the two days no food could be taken and retained. I was not the operator in either case, and as, in each, curetting only was done, the anesthesia was probably brief.

"One of these patients had hemorrhagic endometritis; the uterus, though the patient had never been pregnant, was increased in length nearly three-fourths of an inch. The treatment was thorough curetting, injection of Churchill's tincture of iodine, and gauze drainage. After the operation, which was between twelve and one o'clock, the patient inhaled oxygen for a little less than five minutes; five hours subsequently she took her evening meal, as usual, so far as food and quantity were concerned. I may add that the subsequent treatment consisted of the cold wet pack to the lower abdomen, the injection of cold water in the vagina morning and evening, and into the rectum at night of Rheinstädter's mixture (ergotine, salicylic acid, glycerine and distilled water). The next menstruation was free from pain and profuseness—the two evils which led her to consult me.

"The second patient was fifty years of age, married late in life, and had never conceived. She had cancer of the endometrium, with a fibroid of the anterior uterine wall, was delicate, and by no means a promising subject for a severe operation and prompt convalescence. The operation, extirpation of the uterus by the vagina, was a long one, chiefly because of the narrow vagina, a difficulty only partially overcome by splitting the perineum half way to the anus; placing the forceps, some twelve in number, and dividing

tissues had chiefly to be done by touch, not by sight; the patient was under the influence of ether for an hour and a half. Inhalation of oxygen prevented any unpleasant consequences of the ether. I believe the fact that she recovered without great difficulty is, in part, due to her not being prostrated at the beginning as a consequence of ether inhalation.

"One of the remaining cases is of interest in that in a virgin, twenty-four years of age, there was hypertrophy of the uterus from metritis, and there was also hypertrophy, congenital, of one of the nymphæ, the organ being at least six times greater than normal. Of course curetting was done, and the hypertrophied tissue of the labium minus cut away. The intoxication of ether was soon set aside by oxygen inhalation, and there was neither pain nor vomiting. The ice-bag was applied to the lower abdomen, and the ergot mixture injected in the rectum.

"I can, then, from a large observation at Berlin, and also from a small personal experience, most strongly recommend inhalation of oxygen as a necessary sequence of ether-anesthesia, if all unpleasant and sometimes very injurious consequences of such anesthesia are to be averted."

**To What Extent is Tonsillitis Contagious.**—For a month or more past there has appeared to be an epidemic of tonsillitis pervading the city of Philadelphia, the cases being found in all parts of the city alike. The disease is usually of the lacunar variety, and attacks in rapid succession one after another of a household, generally seizing the younger members first. Since there has been found no special organism constantly present in tonsillitis and bearing a

proved causative relation to the disease, the contagious character of the affection is still held in doubt by numerous authors.

It is in relation to the above facts that I report the following cases:

I was called on March 2, 1896, to see a girl, three years of age. The child had been well the day previous and playing with the other children as usual. The mother noticed in dressing her in the morning that she was slightly feverish and languid, and complained of headache and her throat hurting; she was unable to take any nourishment. On questioning, I discovered that the child's bowels had not moved for thirty-six hours; upon examining the child I found the submaxillary glands very much enlarged, firm and very tender to the touch. Both tonsils were swollen, hyperemic, and the crypts were filled with a yellow cheesy exudate, each plug standing out distinct and separate from its neighbor; they were about six in number on each tonsil. The skin was very hot and the cheeks flushed, the temperature being 103.5 degrees F.

I prescribed calomel in doses of one-eighth grain every hour, with sodium salicylate three grains every four hours, and a gargle of potassium chlorate. When I called on the following day I found that I had another patient in a sister, six years of age, who was complaining of exactly the same symptoms as the first patient. Her temperature was 102 degrees F., and she did not appear to be as greatly prostrated as her sister. The tonsils were not so large, neither were the submaxillary glands. This patient received the same treatment as the other.

On the following day (the 4th inst.), the mother of these children, and also

a child living in the adjoining house, were added to the list of patients.

The neighbor's child had played with the sisters on the morning of the day that the first one was taken ill. Examination of the mother's throat showed tonsils very red and swollen, with a half dozen crypts filled with cheesy exudate on the right tonsil, but none on the left. Temperature was 101.3 degrees F.

The child in the adjoining house had all the symptoms of the first case cited, and in about the same degree. The temperature was 102.6 degrees F.

On the morning of the fifth inst., on arising, I felt some dryness of my own throat, and pain on attempting to swallow a mouthful of water; my temperature was 101.5 degrees F.; the submaxillary glands slightly swollen. Upon submitting my throat to an examination the tonsils were found to be slightly swollen, hyperemic, and cheesy material filling several crypts studded each tonsil.

Cultures were made from each of the five cases, from the crypts and from the mucosa intervening. They revealed nothing but saprophytic bacteria, such as staphylococci and streptococci. A few dead epithelial cells were discovered upon examining a portion of a cheesy mass taken from a crypt in each tonsil.

All the cases were put upon nearly the same treatment, and resolution was perfect in each case, the duration of the attacks ranging from seven to ten days. The urine of the first child contained a slight trace of albumin on the third day, which entirely disappeared upon the sixth day when the temperature dropped to 99 degrees F.

In the other cases there was an increase in the urates; otherwise the urine was normal.

In no instance was there any tendency

on the part of the exudate from the crypts to coalesce. The soft palate, uvula, pharynx and nasal passages at no time during the course of the cases gave any evidence of an exudate. The father, who very seldom came in contact with the children, escaped, he being the only member of the family that did.

In reviewing the foregoing cases it seems hardly possible that such a rapid and progressive succession of cases, apparently arising from the contact with the one case, should be a coincidence. Numerous others have pointed out the fact in a number of instances of whole families being attacked with this disease.

In any event these cases will serve to illustrate and reinforce the teachings of those who urge the necessity for care in guarding against the contact of the well children of the household with the one affected with tonsillitis, especially during the prevalence of diphtheria, which renders it so hazardous.—*Dr. F. J. Kelley, in the Philadelphia Polyclinic.*

**A Small But Useful Combination of Medicines for Vest Pocket and Office Use.**—I have, for several years, pursued a plan of furnishing a fraction of the medicine to my patients from my vest pocket and office, which has proven so satisfactory in every way, that I desire to bring it to the notice of others.

My armamentarium consists of four articles only, each of which I purchase cheaply in wholesale quantities. These are: 1. Sulphate of morphia, tablets  $\frac{1}{4}$  grain each, with 1-150 grain sulphate of atropia. 2. Gelatine coated sulphate of quinia pills, 3 grains each. 3. Round gelatine coated Dover's powder pills, 5 grains each. 4. Oviform gelatine coated compound carthartic pills.

The Dover's powder pills and the compound carthartic pills, being both black, are distinguished from each other by having one round and the other oval.

I carry a supply of all four in my vest pocket, in a screw-top glass tube, similar to those used by druggists for dispensing lozenges. I mingle the three kinds of pills in this tube, and have simply to pour a few into the hand and select this or that kind when wanted; but the friable morphia tablets are kept separate, in a little tablet tube, to prevent contact and injury. This being small, is also carried in the screw-top tube with the pills. The smallest size cash envelopes, costing but fifty cents per thousand, complete the outfit.

Among the good results of using this system and these articles are the following:

1. These four articles are all standard and reliable agents of the United States Pharmacopœia, with the many uses of which every physician is familiar, and are all neat, clean and easily carried.

2. One naturally becomes expert and quick in judging whether any one of the four can be beneficially given to the patient before him.

3. In many urgent cases the very best preliminary treatment can be instituted without delay or loss of precious time.

4. Neither of the four articles interferes with whatever additional remedies one may prescribe in conjunction.

5. Not only is good treatment promptly instituted in a case, but fewer drug store prescriptions are necessary.

6. By giving a fraction of the medicine yourself, the credit is somewhat divided, and the patient is not taught to wholly depend, both mentally and physically, on the druggists who holds the prescriptions.

7. By dissolving one, two or three of the morphia tablets in four, eight or twelve tablespoonfuls of water, one has a diluted, colorless and almost tasteless solution of that most reliable agent, with which to honestly meet any milder indication for it, *a la* homeopathic though it may appear.

8. The kindness and skill shown by using this method does much to attach patients to the physician, and although no direct charge may be made for remedies thus given, no one forgets them or their effects, and he naturally pays his fees somewhat more cheerfully than if paying solely for his lead-pencil and prescription-paper wisdom.

9. Giving a prompt and useful portion of the treatment not only creates confidence in the physician's knowledge and power, but also has a tendency to endear and exalt him, instead of subjecting him to the suspicion of being selfish or mercenary, as might follow systematic attempts to furnish all the drugs for his cases, while drug stores are near.

10. If a few of any variety are given at the office to be used later, the small envelopes above mentioned are both cheap and convenient for the purpose.

11. With such a combination, one can counteract the free dispensary, check-mate the prescribing druggist, and meet the homeopath to an astonishing degree. Indeed this little quartet has very materially assisted the writer to hold his own in practice against all such rivals.

12. I do not believe that any general practitioner who gives this simple plan a full and fair trial will ever abandon it.

13. Anyone can carry either these, or, in lieu thereof, substitutes for them, provided they do not exceed half a dozen articles in all, as his own judg-

ment or experience may suggest; but if he increases the number of varieties so as to amount to a general outfit, carried in separate bottles, or in a regular medicine case, or provides a full supply for the continued treatment of cases, it thereby becomes a wholly different plan, with a different result from the little system I use and wish to recommend.—*Dr. D. W. Cathell, in Maryland Medical Journal.*

**Belladonna in Shock.**—Recently Dr. H. A. Hare read a paper before the Delaware County Medical Association on the importance of the vasomotor system as a factor in disease. The article appears in full in a late number of the *Therapeutic Gazette*. In speaking of the therapeutics of the vasomotor relaxation, the author says:

“Let us take up the therapeutics of vasomotor relaxation: Here we find belladonna our stand-by and mainstay. I am as confident that I have saved life by its use in shock and in the collapse of acute disease, as I am satisfied that I am here to-night. One case in particular always stands in my memory as a type of how much good these drugs may do. A child of five years, having passed through the earlier stages of pneumonia, rather uneventfully arrived at the period for crisis. On that day, the child sat up in bed for an instant, although the pulse was already weak from the fall in fever, and at once called out, ‘Light the gas, it’s getting dark,’ and then passed into profound collapse. The case was a desperate one, and, in addition to external heat, I gave hypodermically 1-60 grain of strychnine and 1-200 grain of atropine every fifteen minutes, till three doses were used, when the child showed signs of renewed vitality, became flushed

from the atropine, and eventually recovered without any further symptoms of note.

“The good results following the use of belladonna in such cases have impressed themselves upon me again and again, and the resident physicians in the wards of which I have charge have repeatedly noted the change for the better on the use of the drug. One, at least, has contributed to the *Therapeutic Gazette* a report of the cases treated by this means, with the most happy effect.

“There are other facts in regard to circulatory changes produced by vascular dilatation, which are not to be overlooked. The most important of these is the peculiar capacity for holding and requiring large amounts of blood which the muscles possess. We all know that sudden or prolonged exertion makes us ‘out of breath’ and causes more or less cardiac disturbance. At first this cardiac difficulty evidences itself in labored effort of the heart, because in the early period of muscular contraction the resistance offered to the flow of blood through the muscles is enormously increased. Very soon, however, we develop what has been called the ‘second wind’—which is not wind, but vasomotor equilibrium. The muscle, at first anemic from squeezing blood out of itself, soon requires an excess of blood to nourish it under prolonged strain, and its blood-vessels dilate widely and become congested. The opening of these blood-paths relieves the resistance offered to the heart, and this organ therefore pumps blood without difficulty during the remainder of the exercise.

“In these facts we have an explanation of sudden deaths occurring in cases of heart disease under exertion. The man

with marked cardiac asthenia and dilatation falls dead when the resistance in his vascular system, produced by exercise, results in paralytic distention of his ventricular walls. Or the man with cardiac hypertrophies associated with aortic regurgitation drops dead on exertion because the pressure makes a greater regurgitation than is compatible with life. Finally we hear of cases where the man has not fallen dead while exercising, but afterwards—that is, when his heart, exhausted by effort, suddenly is called upon to supply widely opening blood-paths after brief effort.

Ludwig has estimated that as much blood flows through the muscles as through the skin and internal organs together, and muscular action is therefore clearly of great effect on the heart. Brunton has well said that by reason of this intimate association between heart action and vascular tension life is maintained, for, “as a rule, whenever the pressure rises in the arterial system, its increase acts as a stimulus to the inhibitory roots of the vagus, and thus slows the pulse. Less blood is thus sent into the aorta, and the tension within it is brought to the normal and kept there. On the other hand, when the arterial pressure falls, the ordinary stimulus to the vagus roots is diminished, the heart acts more quickly, and the tension in the aorta is thus again brought up to the normal. Besides this, whenever the tension becomes so great as to inconvenience the heart, the sensory nerves of this organ bring into action reflexly a mechanism for dilating the vessels. In the rabbit these sensory fibres pass upward from the heart as a distinct nerve, the depressor nerve, and when stimulated they cause great dilatation of the vessels in the abdomi-

nal viscera, so that the blood-pressure falls at once.”

The exact situation of these nerves in man has not been ascertained, but in all probability a similar mechanism exists. The pulse-rate in health thus depends to a great extent on the pressure within the vessels. In disordered conditions of the nervous system, it may vary to a great extent independently of this.

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#### **Value of a Bacteriological Diagnosis.—**

During a recent discussion on diphtheria before the Practitioners' Society, of New York, the following interesting remarks were made: Dr. Robinson said that he would like to hear from Dr. Park a word as to diagnosis based on bacteriological examination. In one case he was very much alarmed lest a certain patient, a boy, had diphtheria, and was decidedly relieved when Dr. Park reported from bacteriological examination that it was not diphtheria. In another instance a lady had all the clinical evidences of diphtheria, and he was again gratified to learn from the bacteriologist that it was not diphtheria. On the other hand, he had attended two cases in which neither he nor members of the family thought the patients were very sick, yet bacteriological examination of the mucus showed diphtheria. In a certain hospital free from diphtheria it was reported that a number of the children had the Loeffler bacillus in the throat. In view of facts like these, he believed the profession was more or less in a quandary at the present time regarding a bacteriological diagnosis.

Dr. Park rejoined that if the culture from the throat was properly made and did not show bacilli of diphtheria, it could be safely assumed that the case was not one of diphtheria and was not

liable to transfer that disease. Now and then a culture was taken from a limited part of the throat and did not show diphtheria bacilli, while cultures from another part did show them, and the possibility of this occurrence left a shadow of doubt.

Regarding light cases of diphtheria in which bacteria were found, he thought it was a difficult question to decide practically how to manage them. As a rule the more virulent the bacilli the more malignant was the disease, but in some of the severest cases of tonsillitis the Loeffler bacillus was absent. Recently the health department had followed up thirty cases reported as diphtheria of the tonsil, but in twenty-seven of them it had found the cultures were not virulent when inoculated into animals. Three were virulent, and in only two of the thirty cases did they find that the disease had been transmitted to others. As a rule, the less virulent cases were less likely to transmit the disease.

He concluded by saying that when the bacilli of diphtheria were not found the case was not one of diphtheria; but when they were found, such cases need not be more severe than the others, yet they could transmit diphtheria.

Dr. Peabody asked whether the health department still considered it necessary to isolate patients so long as Loeffler bacilli were found.

Dr. Park replied that a new regulation of the health department, which had not yet been put into effect, left it to the judgment of the attending physician whether in private houses patients who were convalescent should continue to be isolated. But it was expected that the physician would explain to the family the possible dangers. If he would make that explanation, the health de-

partment would allow him to assume the responsibility and would not enforce isolation. Children from that house would not be allowed to go to school.

Dr. Peabody asked how long he had known bacilli to remain in the throat after convalescence.

Dr. Park replied that nearly all disappeared within two or three weeks, but now and then some remained two or three months, and in two cases they were present nearly nine months. In the latter it was possible that reinfection had taken place, but he thought not.

#### Unreliability of Anatomical Diagnosis.

—Dr. Biggs thought one of the great difficulties of practitioners was the fact that they had not ceased to depend upon an anatomical diagnosis. So far as the mucous membrane was concerned there was absolutely nothing which was pathognomonic of diphtheria. In diphtheria the membrane might be simply on the surface, or it might involve the substance of the tissue and be associated with enlarged lymphatics. There was no anatomical diphtheritic inflammation which was characteristic of inflammation produced solely by diphtheria bacilli. The disease diphtheria was such an inflammation as was produced by diphtheria bacilli and by those bacilli only. Of the patients in whom diphtheria bacilli were not present, practically all recovered except the very young; whereas, if diphtheria bacilli were present, it did not matter how mild the case might seem to be, we could not say until the termination of the disease that the patient would recover. The child of a wealthy family had mild tonsillitis while on the ocean. On arrival at port they visited some friends, and within forty-eight hours one of the children



in the family visited came down with diphtheria and soon died. The throat of the visiting child was then examined and most virulent diphtheria bacilli were found, yet they had caused little disturbance in this patient, but had rapidly produced death when transferred to the other child.

In private houses there was so much less likelihood of disseminating the disease that the health department had concluded to introduce the regulation mentioned by Dr. Park, to be put into effect shortly, leaving the question of isolation after convalescence with the attending physician. But this regulation would not apply to boarding-houses, tenements, etc.

Dr. Peabody remarked that it was almost impossible in many instances for the physician not to take that responsibility. He had seen a governess who had membrane in her throat; he told her he could not say for twenty-four hours whether she had diphtheria or not, but gave antitoxin. It was shown in twenty-four hours that there were no Loeffler bacilli in her throat. She was in attendance on four children and he took cultures from their throats. Loeffler bacilli were present in two of them, and remained present so long as examinations were made throughout the winter, yet the children presented absolutely no symptoms.

Dr. Lambert remarked that it had been found that the serum of the blood of children possessed a certain amount of immunizing power against diphtheria toxin, which would account to some extent for some of the facts mentioned. He knew of two nurses who had sore throat; in one it was quite severe, in the other light. In both diphtheria bacilli were present; under antitoxin they all disappeared within ten days in

the severe case, while in the other they were still present.

Dr. Park thought that the severe cases usually got well more rapidly, if they recovered at all, while the mild ones lingered. In reply to an interrogatory by Dr. Peabody as to how long antitoxin retained its strength, he said he would prefer to change for a new sample after six months. By that time it had lost part of its strength.—(*The whole discussion is published in the Record.*)

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**Ringworm and Favus.**—Dr. George H. Fox, of New York, contributes an article on ringworm and favus to a recent number of the *American Journal of Obstetrics*. The article is illustrated with five figures and one full page plate. In speaking of the treatment of ringworm and favus, the author says:

“In the treatment of ringworm and favus a host of local applications are recommended by dermatological writers, which only proves that the majority of them are of very little value. Moreover an admirable prescription may be written, but if the nurse or person in charge of the patient is not given full and explicit directions as to how the treatment should be carried out, the result is certain to be unsatisfactory. The local remedy employed is often of far less importance than the exact method of its use, and attention to minute details, which may seem unimportant to the inexperienced, is always the key to success. In no other affections of the skin are intelligence and persistence so essential, and for the exercise of these in the daily care of the patient the physician should hold himself responsible.

“On non-hairy parts ringworm and

**favus** can be readily cured by almost any parasiticide. A ten per cent ointment of salicylic acid is an effective application, or, if the skin is very delicate, it may be better to simply moisten the patches frequently with a saturated solution of sodium hyposulphite in rose-water. But when the scalp is affected the cure is always a difficult one, and the first step is to impress upon whoever is in charge of the case the important fact that half-way measures will do little or no good. It is always advisable to shampoo the scalp thoroughly once a day, especially if the hair is short, as this gives the parasiticide application a much better chance to penetrate the hair follicles. The neglect of frequent and thorough washing of the scalp is the chief cause of the frequent therapeutic failures. When this is carefully attended to, the thorough inunction twice daily of sulphur ointment, oleate of mercury, or chrysarobin ointment (ten per cent) is certain to do good.

"But there is one remedy which is indispensable in chronic cases and of the greatest value in any case. It is epilation. It must be admitted that this is always troublesome to the physician or nurse who undertakes to carry it out, and more or less painful to the patient. But it saves time and trouble in the end. With a well-made pair of epilating forceps, which should be light and broad at the end of the blades, the short hairs can be firmly caught and quickly pulled out. It is advisable to epilate first the long hairs around the margin of a patch until a narrow white ring of healthy scalp appears. This will prevent any increase in size of the patch, and the short hairs upon the reddened, scaly surface of the patches can be pulled at leisure. As

many of these will break in the process of epilation, the operation much be repeated until the patch is quite bald and begins to assume a comparatively healthy appearance. The epilation and the application of parasiticides can be carried on at the same time. When the inflammation has subsided and the scaling disappeared, and all the patches have assumed a comparatively healthy appearance, the hair may be allowed to grow and all treatment suspended save the daily use of a five per cent salicylated oil. If, however, at any time a slight scaliness or dry, brittle appearance of the hair is noted at any point, it is advisable to epilate again and convert the suspicious spot into a small bald disc. This plan of treatment is best calculated to effect a certain if not a speedy cure, but often it will require months of patient and persistent treatment, and perhaps a year or more in exceptionally extensive and chronic cases.

"The parents or guardians of the patient should always be apprised at the outset of the obstinacy of the disease and its unfavorable prognosis as regards a speedy and pleasant cure, in order to avert the discouragement and dissatisfaction with the method of treatment which otherwise would naturally ensue.

"It seems hardly necessary to add that no child with ringworm should be allowed to attend school. If our city Board of Health could make provision for a periodical inspection of the public school children, with a view to checking the spread of ringworm and other contagious diseases, a considerable amount of suffering and expense could be saved to a certain number of scholars and their parents. Furthermore, if some careless physician were sued for mal-

practice for allowing an uncured case of ringworm or favus to attend school, simply because upon a hasty inspection, without the use of a microscope, he thought the child was all right, it might be unfortunate for the physician, but by no means a bad thing for the profession.

**Treatment of Infantile Diarrhea at the Buffalo Fresh Air Mission Hospital.**—Dr. Irving M. Snow thus concludes an article in the *Buffalo Medical and Surgical Journal*:

Nearly all of the cases received at the Buffalo Fresh Air Mission Hospital had been under treatment several days. Frequently, the children were sent out moribund; thus eight of twenty-one fatal cases died in twenty-four hours. A large number of babies arrived collapsed, with excessively weak heart and high temperature. They were bathed, freely stimulated, put in a quiet place, and generally after a time revived.

The diarrhea treatment is (1) dietetic, (2) medicinal, (3) mechanical or local.

(1) Practically the only medicine producing positive effects were opium and bismuth subnitrate. The deodorized tincture of opium was used in small doses, frequently repeated. Opiates should be cautiously given to children with a high temperature or to wasted apathetic infants. Bismuth was prescribed in massive doses, given at short intervals. The vegetable and mineral astringents were not used by the mouth. After repeated trials of the so-called intestinal antiseptics—salol, naphthaline, beta-naphthol, beta-naphthol-bismuth,—the staff have grown skeptical as to their utility. Calomel and sodium salicylate may be excepted from this list.

Great reliance was placed upon intestinal irrigation. In a large number

of cases of dyspeptic and inflammatory diarrhea this procedure seemed positively curative. The entire large intestine is evacuated and cleansed. The hot currents of water in the intestines have a soothing, sedative effect upon a restless, fretful baby. There is a direct antiseptic and astringent action upon the congested and ulcerated mucosa of the colon. Borax was mixed in the water if the feces contained much mucus. If astringents were indicated, 1 to 2 per cent solutions of tannic acid were employed. Often saturated solutions of boric acid were given if the diarrhea was toxemic. The amount of fluid used in the irrigation was large, two to four quarts once or twice a day. Permanent depression was not observed after this treatment; in fact, the irrigation seemed the best mode of overcoming collapse. Generally, after the intestinal flushing, the number of passages would diminish, and the diarrhea, *per se*, was not a difficult symptom to treat.

*Vomiting.*—Vomiting was most frequent in acute ileo-colitis and in mycotic diarrhea and in chronic gastric dyspepsia. All infants with diarrhea vomit occasionally. We did not consider it a difficult symptom to treat, except in the habitual regurgitation of infantile atrophy. The stomach was washed out. After some hours a peptonized cream and milk or cream and whey, well diluted, or chicken broth was administered in small quantities. Calomel is an agent of some value to an irritable stomach.

*Fever.*—Of all problems in the diarrheal diseases of children, the successful treatment of high temperature is the most difficult to solve. A persistent high temperature, 104° to 105°, in an ileo-colitis, is a sign of impending danger. A steadily rising temperature

in chronic diarrhea or in dyspeptic, wasted infants, is of grave significance. Excepting the administration of sodium salicylate, useful as an intestinal antiseptic and antipyretic, the treatment of fever in the hospital was by hydrotherapeutics. The temperature could be reduced in three ways:

1. By sponging with cold water. The sponge baths could be frequently repeated if the temperature rose again. This procedure was soothing and generally relieved the fevers of dyspeptic diarrhea or chronic ileo-colitis. Failing with this, we had recourse to cold baths or cool irrigations.

2. The cold baths were useful in acute ileo-colitis or in mycotic diarrheas. Our patients were placed in water at 95°, and the bath was then lowered to 85° or 80°. The temperature was frequently taken in the rectum, and the patient removed from the bath when the thermometer recorded 101.5°, as the fever sunk rapidly after removal from the water. If the patient seemed depressed it was stimulated by the mouth or hypodermically. No serious after-effects were observed, although the radial pulse was apt to become thready from vasomotor contraction. The baths lasted from five to seven minutes.

3. Cold irrigations. Children with high rectal temperature, collapsed, with cold extremities, were stimulated hypodermically. The trunk and extremities were wrapped in hot flannels, and a cool irrigation, 80° to 95°, was given. The water was hot when it returned from the bowels. The temperature rapidly sunk, and often did not again ascend.

*The Question of Stimulation.*—To nearly all cases of acute or chronic diarrhea, where alcohol did not cause

vomiting, whisky was freely administered. The effects were usually beneficial; indeed, most of our cases were received in a condition of extreme exhaustion. Strophanthus, strychnia and caffein were frequently employed. Strong coffee often had a happy effect when the apathetic condition of the child seemed to contraindicate alcohol. Hypodermic stimulation was of great service in sudden cardiac depression, or when we apprehended vomiting. Hypodermic medication is too little used in children. An apparently moribund infant may be saved occasionally by a timely hypodermic of strychnia, digitalis, caffein or whisky.

*Feeding.*—The proper feeding of infants with diarrheal disease is the key of the whole treatment. Intestinal lesions progress with the administration of indigestible food. They often heal with great rapidity if correct dietetics be employed. These children, nevertheless, often show great repugnance to food. The food prescriptions which seemed of greatest value at the Buffalo Fresh Air Mission hospital were peptonized milk, broths and beef juice. Mixtures of cream and milk, peptonized and well diluted, and cream and whey were usually well taken and easily assimilated. They are best cautiously prescribed at first, one or two feedings a day, until a tolerance is established. Fresh beef juice may be administered at the same time, or separately. Prepared according to Cheadle's formula, it contains 8 per cent of albuminoids. It was given to the children pure, or diluted with three to four times its bulk of water.

*Value of Country Air.*—It is nearly impossible to keep an artificially fed infant well during the hot season, except in the country. It is equally diffi-

cult to cure dyspeptic or inflammatory diarrhea during July or August in a city house. In the country the appetite is apt to increase, and all of the symptoms usually ameliorate, yet the improvement is not always instantaneous, magical. Ileo-colitis and cholera infantum are not immediately cured by removal from the city.

We think that physicians often err in stating to parents that their baby will immediately recover if sent to the lake shore or a farm, and that nothing else is necessary. The result is often disastrous and disappointing, for, with even Eden-like surroundings, the little patient may be harassed by recurring fever, vomiting and diarrhea. Prolonged residence is necessary. The fresh air should be associated with skilful nursing and medical attendance. Hence the great value of lake shore hospitals like the institutions at Athol Springs and Charlotte.

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**Removal of a Piece of Wood Imbedded in the Brain Thirty-Two Years.**—Z. H. Evans, M.D., of Traverse City, Mich., contributes the following remarkable case to the *International Journal of Surgery*:

The subject of this clinical report is John R—, aged 57, late of Company C, 180th Ohio Volunteers. The history, as related by the patient himself, is as follows: At the battle of Kingston, S.C., in June, 1862, he was acting in the capacity of a gunner to one of the field-pieces, which had been detached from the regular battery to which he belonged. The gun had been run up nearly to the top of a small hill upon which grew some small scrubby pines, with their branches trailing downward toward the ground, thus obstructing his view of the enemy. In order to overcome this obstacle it was

necessary for him to cut them away with an axe; and while doing this, the enemy let go a full charge of grape and canister, cutting down everything before it. The patient was struck with what he and the surgeon at the time supposed to be a bullet on the left side of the face, a little below and to the left of the right eye, making an ugly looking wound. This was immediately closed by the field surgeon in charge, and the patient sent to the rear. No inconvenience was experienced from this wound, aside from slight soreness, and at the end of a week he was able to report for duty, and continued to serve his country's cause until the expiration of his enlistment. On being discharged from the service he came to this State, where he commenced the clearing up of a new farm, working on it for years and years, not knowing or even suspecting that he was carrying around within his cranial cavity a foreign substance.

One year previous to his calling on me, while stowing away lumber in the hold of a barge, a plank slipped and fell endwise down the hatch, striking him on the face, precisely over the region where he was formerly wounded. The injury inflicted by the falling of this plank caused some pain and swelling of the face, and in the course of two weeks there appeared an abscess, which was opened by Dr. King, then of this city, but now of California. After several weeks' treatment, and as the discharge of pus continued, his friends advised him to visit a neighboring city, where he could avail himself of the skill of a city surgeon. Acting upon this advice, he, without delay, made ready and set out for Grand Rapids, which city can boast to-day of having more ready-made surgeons and gynecologists

"within her corporate limits" than any other city twice her size in population in this country. On arriving in this city of surgeons, the patient fell into the hands of one whom I judge, from his diagnosis and treatment of this case, to have been entirely ignorant of its true character. In this day of our surgical civilization, any physician or surgeon who is found so lacking in ability as to be unable to diagnose a sinus from a cancer, and sits by for days and weeks and applies his caustic paste, cannot sufficiently be condemned. It was the fate of this old battle-scarred veteran to fall into the hands of one by whom this cauterizing process was carried on for weeks with unsurpassed energy, under the impression that he was burning out what he called a *spider cancer* of the face.

As he failed in his efforts to accomplish a cure, he finally advised the patient to return to his home in this city, as he could treat him there as well, and with less expense. The patient, on arriving home, consulted me at my office on the 31st of May, 1894, and on examination of his face I saw at a glance that he was not suffering from cancer. On passing a probe I soon brought it in direct contact with dead and detached bone. Now with the free use of cocaine I was able to scrape away with a sharp spoon all of this dead material, thus exposing and opening up the posterior ethmoidal cells, as well as the floor of the skull. This accomplished, the dura was exposed, which was much thickened, the result of the long continued inflammation. I now exerted some slight pressure with the tip of my finger on the presenting portion of the brain, and, much to my surprise, a little bloody pus was discharged through a small opening in the brain. I now passed a small

probe into this opening some distance, when it came in contact with a hard substance. Now believing that I had a bullet to deal with, I took a pair of Pean's forceps, passed them into this opening and laid hold of this foreign body and drew it out. It proved to be a piece of pine wood measuring in length one and one-fourth inches, by one-third of an inch in width, and one-third of an inch in thickness. On removing this body the flow of blood was fearful, and could only be controlled by packing the opening in the brain with gauze. This tampon was allowed to remain in situ for twenty-four hours, when it was removed and the parts washed out with plain clean water. I now inserted a small piece of gauze well into the wound for the purpose of securing free drainage. This method of treatment was carried on for several days, and finally the opening in the brain contracted, and pus ceased to discharge. The soft parts were now brought together by means of adhesive plaster, and within ten days the external wound had closed. Now comes a very peculiar point in the pathology of this case. Thirteen days after the removal of this piece of wood from the brain, the patient, while sitting in a chair, was seized with paralysis affecting the same side of the body from which it had been removed. The paralysis was not complete; he could walk by dragging his leg along, while his arm would swing by his side. His intellect was not disturbed; his speech was somewhat thickened, and he found it a difficult matter to express himself—to use his own language, "the wrong word was always in his mouth." With this turn of affairs the patient began to look upon the dark side of life, and expressed a desire to go and live with his brother in St. Louis. Since his departure from

this city I have had no communication with him, although a friend of his has received a letter in which he states that he has fully recovered the use of his limbs, and desires to return to this city and engage in his former work.

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**A Remedy for Burns.**—Dr. Thierry, of the Charity Hospital, Paris, France, has discovered a remarkable remedy for burns. The doctor has had charge of the surgical operations at the hospital, and used picric acid as an antiseptic. One day a drop of lighted phosphorus from a match fell on his hand, without any sensation being felt, and the same experience was noted when some hot sealing-wax dropped on his hand. From that time the doctor tried picric acid on patients suffering from burns. The tissues of the epidermis coming in contact with the acid strongly contract, an action quite the contrary to that caused by fire or a burn of any kind. Under this treatment no blisters form on the injured part.

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**Hot Water.**—From time immemorial, the value of hot water in surgery has been appreciated. A more useful agent we have not, and yet how few there are who understand its real value. Reclus, of Paris, is an ardent advocate of its usefulness, and at least once a year delivers a clinical lecture on this subject. He uses it in a variety of surgical cases, especially in the treatment of sprains. He combines the use of the rubber band, massage and hot water in his method. He urges that the rubber band be applied immediately after the accident has occurred, but not tightly; it is removed morning and evening, and hot water used freely. The sprained joint being placed in a hot plunge bath at forty-eight degrees C. to fifty-five

degrees C. The heat assists in the absorption of the peri-articular effusion, and thus relieves pain. About ten minutes' immersion lessens the pain and renders the joint movable. Massage may then be practised on the joint, after which the bandage is re-applied. This treatment is pursued until recovery takes place, which is within four to ten days.

Hot water may be used in the attempt to save limbs injured by traumatic accident. By the following method, the patient, who is almost invariably in a state of collapse, from the shock, pale, anemic and cold, is placed on the operating-table, where he is wrapped in hot blankets, only the crushed limb being left exposed. The skin of the latter is thoroughly cleansed, shaved, etc., the fatty substances removed, and the injured parts cleansed by hot water from a fountain syringe, which at a temperature of sixty-two degrees C. (not any higher) is directed in a steady and continuous stream over the injured surfaces, under the detached parts of the wound, without exception. This is the only way of removing all clots and to wash away all foreign bodies, together with the microorganisms they may contain. The advantages of hot water here, are first, antiseptic; microorganisms cannot develop in a temperature of sixty-two degrees C.; second, hemostatic oozing is arrested, etc.; third, it supplies heat, thus compensating for loss of animal heat, thereby preventing collapse, shock, etc.

Hot water douches may be used in hemorrhoids, with invariable success. Also useful in acute prostatitis, and in women in menstrual troubles and minor pelvic disturbances. Use the hot water not as a vaginal injection, but as enema at a temperature of forty degrees to

fifty degrees C. The use of vaginal injections, excepting as a cleansing agent for the vagina, is anatomically wrong. If you wish to reach the uterus, ovaries and oviducts, the water must be used by the rectum. The enemata are taken in the morning before rising.

At first the quantity injected is small; this is done to prevent the desire to evacuate the bowel; as this desire subsides the quantity is increased. By the use of hot water enemata, the treatment of perimetro-salpingitis has been very satisfactory. The infiltration of the cul-de-sac disappears, the exudation and purulent collections are reduced, and the region becomes normal in condition.—*Medical Fortnightly*.

**Permanent Cures of Cancer in the Breast.**—Dr. W. L. Rodman concludes an exhaustive article in the *Record* as follows:

“We now come to the vital question, are women permanently cured by operation, and if so, how often? Having served under S. W. Gross, in Jefferson Hospital, in 1879, when he was about the only one in this country doing the radical operation, and knowing of his excellent results by seeing some of his patients years after operation, it is but natural that I, in the beginning of my professional life, became a believer in the curability of breast cancer. To doubt was, as Virchow recently said, ‘to resist the brute force of facts.’ On other occasions in this society I have taken advanced grounds on this subject, and perhaps made myself liable to the charge of optimism. I am prepared to go farther to-night than ever before, and shall give statistics from unquestioned sources to justify my position. From the 12 per cent of cures claimed by Gross and Banks in 1880 we

have gotten to the 25 or 50 per cent of 1895. Until recently, Bull, of New York, with 26.6 per cent of recoveries, held the record. Dennis, of New York, the late president of the American Surgical Association, in his address before that body in May last, gave the result of his life-work in malignant disease. He had records of 38 breast amputations for carcinoma, 17 of which had passed the three-year limit, and were justly called permanent cures. This is 45 per cent. He also reported 66 2-3 per cent of cures in sarcomas of the breast (6 cases, 4 recoveries). This is too small a number to generalize from. It will, however, be admitted that the prognosis in sarcoma should, as a rule, be somewhat better than in cancer.

For complete details, W. T. Bull's series of 118 cases is still the most satisfactory yet published, as he leaves nothing to be conjectured. Forty per cent of his cured cases had axillary involvement, as shown by microscopical examination. In cases where there was no such involvement he secured 54 per cent of cures.

Halsted's series of 76 cases was apparently a good showing, but sufficient time had not elapsed since operation in nearly all of his cases. Keen, unfortunately, has not kept a record of all of his 200 cases, but thinks we should get from 25 to 50 per cent of cures.

I will close with the following propositions:

First, all mammary growths should be removed at once, for innocent tumors carried for a long time become a menace.

Second, the complete operation should always be done in cases of malignant disease.

Third, in nearly every case it is sim-



ply impossible to detect enlarged glands until the axilla is opened. Keen says that he cannot do so once in ten times.

Fourth, the mortality should be with average operators about three per cent.

Fifth, a radical operation should promise from twenty-five to fifty per cent of permanent cures, according to the time when patients apply.

Sixth, when in doubt, operate ; never wait for symptoms.

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**The Half Has Never Been Told.**—Ever since the dawn of history, and for aught we know long before alcohol was made, in some of its forms, by some process, and for about the same length of time, it has been prescribed and recommended by practising physicians. The peasant in his cot, the red man in his wigwam, the African under the burning sun of the equator, the Eskimo in his mantle of furs, in the land of perpetual ice and snow, and the king and potentate in their mansions of wealth, all have used it. It has been prescribed, recommended and used for everything, by every generation, by every nation under the sun, in the candid conviction that it was a boon to suffering humanity, a panacea for every pain, a balm for every wound. But we live in a day of scientific demonstration of physiological investigation of therapeutical research; experimentation has proved conclusively that it is in no sense a food, and aside from its anodyne anesthetic and paralyzant effects it is not a medicine. But is the direct parent of more mothers' tears, and famished children, than all other causes combined; 50 per cent of all insanity; from 30 to 80 per cent of all adversity; 75 per cent of all criminals; 96 per cent of all tramps and worthless youths of our

land are caused by it. It is the indirect but prolific parent of 90 per cent of all syphilis, either inherited or acquired; 50 per cent of all gonorrhea, and this loathsome product should not be excluded, on account of royalty or position in society, when we are called upon to administer to the relief of suffering humanity, afflicted or infected with what might be the out-growth of syphilitic or gonorrheal infection, and all physicians of any considerable experience know they are many. I confidently believe that alcohol is to-day, man's worst enemy and the nation's greatest curse, and that it will become more and more dangerous, as generation succeeds generation, and that we must either destroy this hydra-headed monster, or be destroyed by it. There is no profession nor class of men that can bridle and control this monster evil, except the medical profession. The united clergy, with few exceptions, have been pounding away at him, for lo, these many years, but they have been pounding him on the tail, that being the only part of satanic anatomy accessible to their lash. The practising physicians of this country, 105,000 strong, could strike him between the eyes, and bring him to his knees the first stroke and quickly dispatch him. Will they do it?—*Charlotte Medical Journal.*

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**The Influence of Hot and Cold Drinks on the Temperature in the Mouth.**—In the *Lancet* of Oct. 26, Dr. Lazarus Barlow drew attention to the influence of hot and cold drinks on the temperature in the mouth. I have often thought that one might easily be misled if the temperature were taken in the mouth too soon after food. Two instances which have recently occurred to me show this.

A few weeks ago I saw a boy suffering from tonsillitis. His mother, a few minutes before my arrival, had taken his temperature in the mouth and found it to be 102 degrees F. I took it in the mouth and found it to be 100 degrees. Our thermometers were tested and found to agree. On inquiry I found that he had had some hot beef-tea just before his mother took his temperature. The second instance occurred yesterday, when I saw a boy who had symptoms of influenza. Immediately on going into the room I put my thermometer in his mouth, when it registered 104 degrees. Doubting the accuracy of this, I put it under his arm and found it registered 99 degrees. After waiting a little while I put it in his mouth again, and found that it registered 102.2 degrees. Just before my arrival he had taken a glass of very hot milk. These two cases show how easily one may be deceived if one trusts entirely to the thermometer.—*London Lancet*.

**The Restriction of Tuberculosis.**—Dr. John L. Heffron, of Syracuse, N. Y., contributes an article to the *Medical News* for February 15th, on "Shall the State Undertake to Restrict the Spread of Tuberculosis?" He concludes the paper in the following summary:

1. Tuberculosis is an infectious and curable disease, capable of restriction.
2. That the State should compel the registration of every case of tubercular disease.
3. That circulars of information as to the nature, communicability, and sanitary care of all tubercular disease should be sent to those afflicted with the disease, and to those attending them.
4. That instruction as to the nature of contagious and infectious diseases,

and the practical methods for their control should be given to all senior pupils in public grammar schools.

5. That all owners and trustees of places of public entertainment, including churches and schools, and all public carriers, should be required to prevent contamination of their halls and conveyances, and to disinfect them when contaminated.

6. That the hopelessly ignorant, wilfully careless and vicious, afflicted with tuberculosis, should be isolated in special hospitals provided by the State.

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**For Colds.**—Wunsche, in *Therapeutische Monatshefte* says, that menthol, dissolved in chloroform, is the most efficacious of all remedies. A solution of one to two parts of menthol in twenty parts of chloroform will not only arrest the progress of a cold in its initial stage, but is also an excellent influenza prophylactic. From four to six drops of the solution should be placed in the hollow of the hand, quickly rubbed between the hands, the two hands tightly pressed together, placed before the face, and the remedy energetically inhaled alternately through the nose and the mouth. It will be immediately noticed that the volatile parts of the solution thoroughly impregnate the mucous membranes of the nose, mouth and throat, and even penetrate deep down into the air-passage. During the first two or three inhalations the sweetish chloroform vapor predominates; afterward, however, only menthol in an attenuated condition is inhaled, odor and feeling remaining apparent for some time after the inhalation. As a rule, the first inhalation suffices to cure the severest tendency to sneezing, and often to arrest the progress of the cold altogether. Two further applications of

the remedy in the course of the day suffice to repress the attack completely. The first inhalation at first slightly increases the flow from the mucous membrane of the nose; afterward, however, this symptom diminishes quickly. Pains in the pharynx and larynx may be quickly eased, and often entirely relieved, by the remedy — *Medical Age*.

**A Remedy Good for Black Eye.**—There is nothing to compare with the tincture or strong infusion of capsicum mixed with an equal bulk of mucilage or gum arabic, and with the addition of a few drops of glycerine. This should be painted over the bruised surface with a camel's hair pencil, and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent blackening of the bruised tissue. The same remedy has no equal in rheumatic sore or stiff neck. — *Medical Progress*.

**Curette Used too Much.**—Dr. Baer teaches that the curette is used entirely too much immediately after labor. Blood-vessels that nature has closed are opened by its use, thus destroying the structures which have been formed for a distinct purpose, and defeating that purpose. Of course if there is anything in the uterus which ought to be removed then the curette may be of service. It is his experience that those practitioners who use the curette and irrigation constantly have more trouble than those who do not. — *Polyclinic, Phila.*

**To Relieve Bladder Symptoms.**—Bladder symptoms complicate a supposed pelvic trouble in women so often that it is wise to apply local treatment.

Dr. Baldy has found, by long experience, that such symptoms as painful micturition, frequent micturition, irritability of the bladder, bearing-down pains and bladder distress are relieved in the case of a considerable number of patients by simple dilatation of the urethra. It is of course presumed that these symptoms are not being produced by a positive inflammatory condition of this organ (cystitis). Even in the case of true cystitis urethral dilatation, accompanied by alkaline diuretics and bladder irrigation, is invaluable.

**Poppies Two Thousand Years Old.**—The extraordinary resuscitating power of light received a very curious illustration a few years ago in the silver mines at Lauriam. The mines had been abandoned more than 2,000 years ago as unworkable, and consisted for the most part of the "slag" produced by the workings of the miners.

An enterprising Briton discovered that the mines contained plenty of silver, which could easily be removed by the superior modern appliances.

He discovered, however, something far more valuable than the silver: viz, some poppies of a species which had disappeared for twenty centuries, the seeds of which had lain dormant beneath the slag for 2,000 years.

When the slag was removed to the furnace, the next visit to the mine found the entire space covered with a most gorgeous show of poppies.

After their twenty centuries' rest they had bloomed as vigorously as ever, without the aid of a single drop of water or any restorative other than the rays of the sun. — *Answers*.

**Cocain Hydrochlorate in Dental Neuralgia.**—According to the Lyons *Mé-*

*cal* for January 5, odontodol is the name given in Italy to a new preparation which has proved very efficient in the treatment of dental neuralgia. The formula is as follows:

Cocain hydrochlorate.....	15 parts
Essence of cherry laurel.....	15 "
Tincture of arnica.....	150 "
Sol. of ammonium acetate.....	300 "

If the pain is caused by caries, a piece of cotton saturated with the liquid is put into the cavity of the tooth; if it is caused by inflammation of the pulp, the mouth should be washed out with a solution consisting of one part of odontodol diluted with two parts of a tepid decoction of linseed. Finally, if the pain extends to the entire jaw, the painful surface should be thoroughly rubbed with several drops of odontodol after rinsing the mouth with the solution.—*The Journal*.

**Instantaneous Process for Sterilizing Cotton.**—An absolutely aseptic tampon can be made of any piece of cotton by twisting it on a stick or toothpick and dipping it into an alcoholic saturated solution of boracic acid for a moment. Applying a light to it, the alcohol burns out, while the boracic acid prevents the cotton from burning. Five seconds are enough. As soon as the flame turns green it is extinguished. The cotton is still white, dry, scarcely warm, but absolutely sterilized.

**The "Dark Light" Photograph.**—This is the name given to a new and most mysterious process of photographing, which we owe to Murat, of Havre. Specimens of it were exhibited at the last session of the Academie des Sciences, at Paris, and the descriptions read like fairy tales. The sensitive plate is placed in a metal box, made of lead, except one

side, which is a copper plate, vertical and parallel to the sensitive plate. A7 Auer lamp is placed outside of the box on the side of the copper plate, and the object to be photographed is placed inside the box, between the copper wall and the sensitive plate. The box, remember, is closed tightly. At the end of a certain time the sensitive plate is removed and developed. The photograph of a fish was shown. By developing the sensitive plate gradually, photographs were obtained from it, showing first the side of the fish nearest the sensitive plate, then of the internal organs, liver, heart, etc., until the last showed the side of the fish farthest away from the plate. The thickness of the copper side of the closed box seemed to have no effect on the success of the photograph.—*Bulletin Med.*, February 19.

**Influenza.**—In cases seen early, especially those presenting pleurodynia or pleuritic symptoms, Dr. S. Solis-Cohen administers the following prescription:

Salol.....	3 grains
Terpin hydrate.....	3 grains
	Mix.

In powder or capsule.

One powder or one capsule is given every two, three, or four hours, according to the indications of the case, and this treatment is kept up for from twenty-four to thirty-six, or even forty-eight hours, according to the progress of the symptoms and of lesions, in case the pleura or lung be involved. In the latter case strychnine sulphate from 1-100th to 1-30th of a grain, according to the frequency of administration, and the urgency of the symptoms, is combined with it. If cough is sufficiently troublesome to require sedatives, codein

(from 1-24th grain to 1-10th grain) is likewise added. Codein is especially useful in cases of pleurisy, not only relieving pain, but also seeming to have a certain controlling influence upon the inflammatory process. Its value in inflammation of serous membranes is well known, and is, of course, the explanation of the latter fact.—*Philadelphia Polyclinic*.

**Bacteria and Milk.**—That we may count upon microbes sometimes as our friends and sometimes as our enemies, is well illustrated in the bacteriology of milk and milk products, says a writer in the *Lancet*. Though milk may leave the udder perfectly sterile, yet a few moments of contact with the air, and especially the air of insanitary surroundings, are sufficiently long to be the starting point of the development of a whole microbial menagerie. By fissure alone—that is, by splitting in two, and by the resulting two dividing again in the same way—one bacterium may become the parent of over sixteen million bacteria in twenty-four hours. The composition of milk is such as to be most favorable to the growth and development of organisms, pathogenic and non-pathogenic. Some are detrimental to the healthy condition of the milk itself, or, in other words, milk has its own diseases to contend with. Experience is ever teaching how imperative it is that the strictest care should be taken to protect milk against the possibility of microbial invasion. The risks of pollution are great, and may arise from an unhealthy or dirty condition of the cow, or of the stall, or of the milk-er's hands and clothes. The air of the cow house is frequently made insanitary by cleaning it out and dislodging dirt just previous to milking, and an-

other source of contamination is the diluting of the milk with unwholesome water which may be infected with typhoid fever or cholera poison, or by placing the milk in dirty vessels, or by exposing it to the atmosphere of warm and unhealthy places, as cupboards. With these possibilities of pollution in mind, the advantages gained by sterilizing or Pasteurizing milk by boiling, are evident. Particularly is this so in the case of bottle-fed infants, the lives of many of whom would be saved from fatal diarrhea, so frequent in artificial rearing, were these precautions taken. The same lesson is taught by the fact that mother's milk is sterile. Although boiling will destroy the disease-producing germs in milk, it may still leave spore-bearing bacteria, which, in course of time would produce undesirable changes in the milk itself and render it unwholesome. There are friendly germs to be found in milk whose functions can be cultivated and turned to account in the production of an acceptable flavor in cream and in butter. After clearing the milk or the cream of competing organisms by Pasteurism, it is sown with pure culture of lactic-acid-producing organisms. The flavor of the butter and, moreover, its keeping qualities being dependent upon the character of the souring process undergone by the cream preparatory to churning, a uniform product acceptable in both these respects may be obtained by proceeding carefully on these lines. The inculcation of these methods among dairy farmers would add an impetus to the milk-products industry.

**A New Method in Local Treatment of Acne.**—In several of the forms of acne, the most speedily effective local treatment is the ring curette of the kind

chiefly used by gynecologists. With this the comedones and pustules of the face displaying the lesions of acne are raked away in a debris of pus, blood, sebaceous secretion and epithelium, with a resulting benefit, which in many cases seems proportionate to the severity of the preëxisting symptoms.

The objections to its use are, pain and a too frequent and unnecessary wounding of the epidermis by the edge of the curette, and the inapplicability of the treatment when the inflammatory products are sub-epidermic, or where the disease occurs less in pustular type than with the development of indurated papules. It has occurred to me on several occasions when making use of the curette, that its value lays fully as much in the degree of massage it produced in the skin as in its action as a knife or scraper. Acting on this, I lately devised an instrument consisting of a short, stout handle connected by a slender steel neck with a ball set in a steel socket, the small sphere rotating in the cup as in a ball and socket joint. When ready for treatment, the skin is first operated on with a disinfected needle and comedo extractor until all pustules and sub-epidermic foci are emptied, and conspicuous comedones removed. After this, the surface is rendered aseptic with a solution of formalin, from one-half of one per cent to two per cent, according to the sensitiveness of the patient's face. The ball is then rotated freely over the surface, and deep pressure is made upon the affected regions, bringing into view groups of previously inconspicuous comedones, which are in turn removed by the comedo extractor. Lastly, a massage of the surface is practised with the ball by the aid of salicylated cocoanut-oil, or one of the commonly employed sulphur

unguents. The method is suggested as an aid, especially in indolent and intractable cases; though I believe when properly employed, it may have a value in others, and possibly in diseases of the skin other than acne.—*Dr. J. N. Hyde, in Journal of Cutaneous Diseases.*

#### Emperor William and the X Rays.

—Emperor William had Professor Roentgen rush from Wurzburg to Potsdam to give an illustrated lecture to the royal family on his alleged discovery of how to photograph the invisible, and bestowed on him the Order of the Crown, the same second-class decoration that poor Koch got; but already it is found that this discovery was not only made by a Prague professor in 1885, who got an admirable photograph of Mount Blanc at dark midnight by the use of cathodic rays, but that a full report of the achievement was made to the Austrian Academy of Sciences in 1885.—*New York Times, January 19.*

**Suicides in Germany.**—Some very interesting statistics have recently been collected in Germany bearing upon the question of suicides. These statistics, which have been prepared by the various states of the empire and published in Berlin, shows the number of suicides which have been committed in Germany during the thirteen years from 1881 to 1893 inclusive. According to this return, the number of suicides for that period was 105,327, the totals ranging from 8,987 in 1881, to 10,699 in 1893, and the rate per head of the population varied very much, being as high as 46 per 100,000 inhabitants in the Duchy of Saxe-Altenburg, and falling as low as 13 and 11½ per 100,000 inhabitants in Bavaria and Alsace-Lorraine. The suicides are proportionately more numer-

ous in the Prussian army than in any part of the empire, having been 65 per 100,000 in 1895.—*Charlotte Medical Journal*.

**The Hygiene of the Face.**—To a very large proportion of the human race in civilized countries the face is, under the designation of "the complexion," the subject of considerable and painstaking interest. Even those most exempt from vanity would prefer to have a physiognomy not readily identifiable by a more or less symmetrical crop of pimples; and a congested nose is not regarded as a thing of beauty, even in an omnibus driver. Yet, in spite of this general feeling in favor of a normal complexion, ignorance and carelessness between them wreck havoc, and it is the exception to meet with cheeks that have seen more than twenty summers which do not betray traces of ill-treatment. Apart from indigestion and constipation—two potent factors in the ruin of a naturally healthy complexion—there is a variety of forms of mismanagement which conduce to blotchiness and pimply deformities. Among them must be ranked the practice of washing the face with hot water, a widespread form of self-indulgence in cold weather. The hot water, especially when reinforced by a course of unduly alkaline soap, removes an unduly large proportion of the natural fat of the skin, leaving it with a roughened surface, which is very liable to excoriate or "chap," and requires more frequent washing to keep it clean, owing to its catching the dust. Nothing probably does so much to age the skin as the frequently repeated ablutions with hot water, and this may explain why the dainty Frenchwoman prefers to smear off the grime with the

corner of a handkerchief steeped in glycerine, knowing by experience that good, honest soap and water is, in the long run, detrimental to the preservation of a healthy skin.—*Charlotte Medical Journal*.

**Medical Men to Avoid.**—The one who has acute exacerbations of insanity when exposed to any new fad. The one who is always successful with all his difficult operations. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well and is always ready to discuss any paper of the evening. The one who is always the first to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs with the attending physician.—*Record*.

**Avoid the Skins of Fruit.**—In the Laboratory of Hygiene of the Battle Creek Sanitarium, an interesting experiment was recently made for the purpose of determining the influence of the skins of fruit. A young man in whose stomach fluid no microbes whatever were found after a breakfast of sterilized food, was given a quantity of unwashed grapes, which he ate, skins and all. Examination of the stomach fluid showed more than five hundred thousand microbes for each fluid ounce.

Dr. Maria Duncan calls attention to the fact that the bloom of the peach is a luxuriant growth of microbes which find in the stomach most favorable con-

ditions for growth and development, thus causing decay of the fruit before it can be digested. This may be an explanation of the fact that many people cannot eat raw fruit. All raw fruit should be thoroughly washed before it is eaten, and the skin carefully removed in such a manner as to avoid soiling the flesh, or pulp, of the fruit.—*Modern Medicine.*

**Appendicitis.**—I am not always in a great hurry to operate, but I am inclined to wait for the more acute symptoms to wear off, and operate, if at all, after suppuration has taken place, or during the quiescent stage, between the attacks. I wish my voice was strong enough, just here, to call a halt to the men who say: "Operate at once—not this afternoon or to-morrow, but now," in all cases when the disease is recognized.—*McGuire, in the Record.*

IN a case of *diarrhea of two years' standing* the motions occurring from ten minutes to one hour after the morning meal, Dr. Stewart prescribed a diet of two cups of warm milk without sugar, to be taken slowly, and interdicted coffee and cocoa, both of which the patient was in the habit of taking, as these drinks in many susceptible persons increased peristalsis. He also prescribes *bismuth subnitrate* one-half dram, and *dilute hydrocyanic acid* two and one-half minims, to be taken fifteen minutes before meals. In a similar case with more frequent stools he prescribed minute doses of *arsenic* in solution with *deodorated tincture of opium*.—*Philadelphia Polyclinic.*

IN the children's clinic Dr. J. Madison Taylor, in a general lecture on the therapeutics of infancy and childhood, recommended the following as being

an extremely efficient prescription in cases of *acid fermentative dyspepsia*:

Sodium bicarbonate..... 1 dram  
Tincture of gentian..... 1 ounce  
Cinnamon water sufficient to make... 4 ounces  
Mix. Give one teaspoonful when necessary.

In cases of irregularity of the bowels, whether it be sluggishness of the movements or a tendency to occasional diarrhea, sodium phosphate may be added to this with great advantage.

**Antisepsis and Asepsis in London.**—A letter in the *Medical Record* says: The remarks of Mr. Gabriel W. S. Farmer upon asepsis as practised in London, quoted in your editorial of April 11th, indicate that England has not changed for the better since I was there in 1891. But your own comment that "in London surgeons are far from being careful, proving that Lister, their own townsman, is too near to affect them by his example," seems to me to err in two directions: in the assumption that Lister does set a shining example and that his confrères refuse to be influenced thereby. I had the honor of seeing Lister operate in his own amphitheatre, and it remains one of the most interesting and memorable experiences of my life; but so far as asepsis goes, I recall that the example then set by the apostle of surgical cleanliness was imperfect, judged from either an American or a German standpoint.

There were a number of us waiting at Kings College Hospital, a German and several American surgeons, so that when Sir Joseph arrived, quite a retinue accompanied him to the theatre. With a geniality and *bonhomie* which won, I think, all our hearts, the great teacher addressed us, giving the history of the case on which he was about to operate, one of supposed stone in the kidney. The patient was then brought in, and



we all began to look about for the anti-septic technique. It consisted in this: Sir Joseph kept his walking-coat on, the same in which he had driven to the hospital, rolled up his sleeves about half-way to the elbow, washed his hands with soap and water, and swished them around in a basin of double cyanide solution. His assistants, the house staff (undergraduates, to judge them by their looks), followed this example closely; kept on their ordinary coats, rolled up their sleeves, sluiced their hands with the cyanide solution, and were ready. I could not help seeing that the finger-nails of the operator and staff were not carefully cleaned, and also that some of them needed such cleansing.

No spray was used. The instruments, whether previously boiled or not I do not know, reposed in what I took to be a carbolic solution. The field of operation was sponged with the cyanide and the operation began.

With beautiful skill the kidney was rapidly exposed, and searched with a needle for stone. None being found, the wound was washed with the cyanide and closed by tiers of catgut, whether with drainage or not I fail now to recall. Cyanide gauze dressings followed, and the operation was completed.

We were assured that the results obtained under this technique were excellent, which was a poser for the Americans present, and also, I fancy, for the German.

So that when you speak of "surgical misdemeanors in the very home of the prophet," it is only fair to admit that in this matter the master is not above his disciples, and that it may be precisely by force of his authoritative example that English surgery is open to such criticism as that of Mr. Farmer.

At any rate, the example was fol-

lowed in London five years ago. Sterilization of dressings was unknown, apparently. Clean operating-gowns one saw nowhere. Isolation of the field of operation by sterilized towels or sheets must have been thought too finicky and *doctrinaire* to merit trial. Operations were done in dirty theatres or in wards. The Samaritan and Soho Square Hospitals for women had apparently no operating-theatre, in our sense of the word. The patient's own room, freely decorated with dusty hangings and in some cases with the framed portrait of the operator, were usually employed for this purpose. One of the most famous surgeons at the former hospital I have seen hand a needle to a spectator to hold, while he changed the grip of the holder, using it at once uncleansed in the abdomen; and his nurse would complacently blow her nose and go on wringing sponges, without repeating the tedious formality of washing. But results were said everywhere to be excellent. In a few cases admittedly sepsis crept in, but that would happen anywhere. Not disputing this matter, it did seem sometimes that in some cases at the Samaritan "crept in" was a weak description of the open and undisguised invasion, the march past with colors and drums, the triumphal entry of infection.

Altogether the impression left by London was deep, but unpleasant.

The world will never cease to bless the great man who inaugurated surgical cleanliness, and one hesitates to speak except in reverence of the historic ritual which stamped out sepsis and made scientific and successful surgery possible; but the truth is beginning to be perceived by the English themselves, that the sooner Listerism in all its forms gives place to modern asepsis, the better for English prestige.

## Items.

NEUROTOMY never gives lasting success in tic-douloureux.

THE State Board of Massachusetts gives the death rate from tuberculosis in that state as higher than in any other part of the world.

HEREAFTER new matriculates in all the medical colleges in New York State will be obliged to attend medical lectures for four years.

THE Twelfth International Medical Congress, to be held the coming summer in Moscow, will be peculiar in that no paper can be read in the English language.

BEFORE the introduction of anti-toxin in Japan the death rate was 56.54 per cent. Based upon 353 cases treated by serum injections, the death rate was only 8.78 per cent.

DR. LUCIEN HOWE, of Buffalo, says that 22 per cent of the inmates of the Blind Asylums could have had their blindness prevented by proper treatment at the right time.

OF 629 cases of diphtheria treated in Chicago with anti-toxin only 6 per cent died. Not a single death is reported where the serum was used within the first twenty-four hours of the disease.

DR. MUNDE reports the removal of a dermoid cyst which contained an amount of hair measuring nearly seven feet in length. He has also removed these tumors which contain hair, teeth and bones.

WATSON CHEYNE, of London, says that the knife is not only a palliative for cancer, but in the majority of cases it is a positive cure. His statistics show that he cures 57 per cent of his cases of can-

cer of the breast; cases being called cured if the disease does not return within three years.

DR. A. C. JACKSON, of Goshen, Ind., writes to the *Journal* that he obtains more satisfactory results from the use of proto-nuclein than any other remedy he has ever prescribed except perhaps quinine in malaria.

THE March number of the *American Gynecological and Obstetrical Journal* probably contains the longest article which has ever appeared in a medical journal. One page of it, a chart, is just 42 inches in length.

INJECTIONS of minute quantities of nicotin into the egg of a hen either kills the embryo or stunts its growth if it survives. This is the latest from the French Academy of Science. The latest from America is to the effect that cigarettes stunt the mental, moral, and physical growth of the boy.

DR. WESLEY DAVIS, of Worcester, Mass., reports seven cases of typhoid fever treated by the Woodbridge method without a death, while some of the cases seemed to show that the disease can be aborted. The mortality in that city at the time he used this method was 23½ per cent outside the hospitals.

DR. SEIBERT, of New York, advocates the filtering of milk through cotton. He finds that the oily globules pass through the cotton, while about three-quarters of the germs do not. The conclusion is that filtration is equally as good as sterilization, while the objections to sterilization of milk are thus removed.

## Therapeutic Suggestions.

GUAIACOL reduces temperature because the skin absorbs the vapor of the drug.

THE bromide of potassium suspends the fits of epilepsy rather than cures them.

ASAFETIDA is useful in uterine irritability, and is of an especial value in threatened abortion.

NOT forty deaths in the world have been reported as a result of the use of chloroform in parturition.

THYROID extract is recommended in a French journal for patients suffering with uterine fibromata.

TO abort bed sores paint the skin as soon as it reddens with a solution of nitrate of silver, 20 grains to the ounce.

DA COSTA says that even an exclusive diet of milk is a source of much mischief rather than benefit in typhoid fever.

"THERE is no drug of greater utility in the realm of pediatric therapy, or one more abused, than digitalis."—*Koplek.*

SOME surgeons are advocating that the strength of the cocain solution to be used hypodermically should not exceed 1 per cent.

FOR gonorrheal rheumatism give the fluid extract of jaborandi in one-half teaspoonful doses every half hour until four doses are taken.

THYROID extract has been used successfully in a number of cases of fibroids of the uterus. This treatment is said to diminish the menorrhagia.

IT is now recommended that resorcin be used in all sprays of cocain to re-

lieve the unpleasant effects which sometimes follow the use of cocain alone.

SALOL may be dissolved in vaseline and used on ulcers. Its healing properties are not injured, while the vaseline keeps it from irritating the skin.

AN exchange says that a solution of permanganate of potassium, five grains to the ounce, applied every hour, is of great advantage in poisoning from poison-ivy or poison-oak.

SOME London physicians are now declaring that bone marrow in pernicious anæmia does not have the good effects which have been attributed to it. In many cases it appears to be of no use whatever.

DR. KRAUSS, of Buffalo, advocates the use of nitro-glycerine in sciatica. In seven cases reported all received marked benefit; the acute ones recovering in from ten days to a month, and the chronic cases gaining steadily.

A NEW substitute for iodoform is announced under the name of airol. As might be expected, wonderful success has attended the use of this new remedy, which is just as good, if not a trifle better, than the drug which it seeks to supplant, while it is free from odoriferous objections.

AT a hospital in Paris all cases of scarlet-fever are treated with injections of a serum known as antistreptococcic serum. The effects of the serum are to prevent grave complications, to reduce engorgement, and to prevent a disposition to delirium. Swollen glands in the neck are quickly reduced by this treatment.

# Favorite Prescriptions.

These prescriptions are taken from our exchanges of the past month.

## To Remove "Moth" Patches.

- ℞ Chloride of ammonia.....2 drams  
Muriatic acid.....3 drams  
Glycerin.....4 drams  
Tincture benzoin.....5 ounces  
Rose-water, to make....6 ounces

Shake well, and apply night and morning by means of a camel-hair pencil or a feather.

## Chronic Pharyngitis.

- ℞ Iodine.....6 grains  
Potassium iodide.....12 grains  
Menthol.....1 dram  
Glycerin.....1 dram

Apply with a camel-hair brush twice or thrice daily.

## For Nettle Rash.

- ℞ Sugar of lead.....grains xv  
Dil. hydrocyanic acid.. ....3 iv  
Alcohol.....3 viiss  
Aq. dest. q. s. ad.....3 ij

℞ Sig.: To be applied on cotton wool to the rash.

## Flatulent Dyspepsia.

- ℞ Magnesia.....  
Phosphate of lime.....  
Powdered charcoal.....  
Sulphur.....āā p. e.

Dose: Teaspoonful as required taken in a little water.

## Whooping Cough.

- ℞ Codein, sulphat.....grain i  
Acid. carbolic pur.....grain viij  
Syrup. limonis.....  
Syrup. simp.....āā 3 ss  
Glycerini pur.....3 i

Sig.: A teaspoonful every two or three hours.

## Pertussis.

- ℞ Ac. carbol.....0.03  
Sol. menthol (4 per cent).....20  
Sol. cocain (3 per cent).....15  
Aq. laurocerasi.....60

℞ Sig.: Spray the throat every hour.

## Otalgia.

- ℞ Chloral camphor.....5  
Glycerin.....30  
Ol. amagd. dulc. ....10  
Introduced into meatus on cotton.

## Atrophic and Chronic Rhinitis.

- ℞ Sodium bicarbonate.....1 ounce  
Sodium borate.....1 ounce  
Sodium chlorid.....1 ounce  
Camphor.....60 to 90 grains  
Carbolic acid.....60 to 90 grains

℞ Add one-half teaspoonful to a cup of warm water, and use through the nose according to directions.

## Constipation in Infants.

- ℞ Tinc. nuc. vom.....mss  
Tinc. belladonnæ.....mv  
Inf. sennæ.....mxx  
Inf. gentianæ co.....ad 5 i

℞ ft. haustus. Sig.: To be taken three times a day before meals by a child from eight to twelve months old.

## Lumbago.

- ℞ Sodium salicylate.....3 ss  
Potassium iodide.....3 ij  
Compound syrup of sarsapa-  
rilla.....3 iss  
Water.....q. s. ad 3 iij

℞ Sig.: A teaspoonful in water thrice daily after meals.

## Medical Poems.

### *Auntie Septic.*

Once upon a midnight cheery, at his work and  
never weary,  
Sang that happy little microbe who torments the  
editor.  
Suddenly there came a tapping, as of someone  
softly rapping,  
Seeking for admittance gently, softly tapping  
o'er and o'er,  
And the microbe smiled complacent, "'Tis my  
friend and fellow-bore,  
Tapping at the chamber door."

But there stood within the portal such a form as  
any mortal  
Would have gazed on with delight, and hug  
unto his bosom's core ;  
Then the naughty microbe started and his valor  
quick departed,  
"Who are you ?" he cried in terror. "Tell me,  
tell me, I implore !"  
"Oh, I am your Auntie Septic, whom you never  
met before—  
Merely this, and nothing more."

Then this little microbe faltered, and his joyous  
mien it altered,  
As he felt determination in his Auntie's grasp  
full sore ;  
And he said with agitation, "Can't I seek  
another station  
Where I may pursue my studies, and all the  
mysteries explore ?"  
But his Auntie, as she clasped him, even closer  
than before,  
Gently murmured, "Nevermore !"  
—*The Living Church.*

### *The New Photograph.*

O, Roentgen, then the news is true,  
And not a trick of idle rumor,  
That bids us each beware of you  
And of your grim and graveyard humor.

We do not want, like Dr. Swift,  
To take our flesh off and to pose in  
Our bones, or show each little rift  
And joint for you to poke your nose in.

We only crave to contemplate  
Each other's usual full dress photo ;  
Your worse than "altogether" state  
Of portraiture we bar in toto !

The fondest swain would scarcely prize  
A picture of his lady's framework ;  
To gaze on this with yearning eyes  
Would probably be voted tame work.

No, keep them for your epitaph,  
These tombstone souvenirs unpleasant ;  
Or go away and photograph  
Mahatmas, spooks, and Mrs. Besant.

—*London Punch.*

### *Stirrurpiculture.*

A horse "race" resembles the great "race" of  
man,

Tho' the simile's force is diminished,  
For the man's "race" is naught but a "cell" at  
the start,

While the other's a "sell" at the finish.  
Moreover, in case of the "race" of the horse;  
It's "over" as soon as he wins it,  
Whereas in the case of the "race" of the man,  
It's "ova" before he begins it.  
Then let us be cautious, and wisely remember,  
While patiently waiting the issue,  
That horse "sells" are naught but a tissue of  
lies,  
And man "cells" allies of a tissue.

—*Medical Council.*

### *Provided For.*

Johnny says he will be a musician some day,  
For though fiddles and banjos are dear  
He claims he can fall back on nature and play  
On the drum that he has in his ear.

And Sue as a teacher of foot-ball would pass  
Because—and she says it quite sly—  
She has the conceit she could draw a big class  
With the pupil she has in her eye.

And dear little Fanny a lawyer would be,  
And with Blackstone and Lyttleton sport,  
I can't tell the reason unless 'tis that she  
Is getting accustomed to court.

And I, poor old dad, who, as everyone knows,  
All these modern accomplishments lack,  
May go fishing the rest of my days, I suppose,  
In the crick that I have in my back.

—*From the Detroit Free Press.*

## At the Doctor's Expense.

ANIMAL FOOD.—Feeling the need of medicine the other day, Pat applied to a doctor with whom he was acquainted. Medicus asked the symptoms, felt the pulse, examined the tongue, and did whatever else professional etiquette demanded. Then he said :

"Patrick, you're run down a bit, that's all. What you need is animal food."

And Pat departed quite contented. About two days afterward the doctor happened to think of his case, and called on Pat in the stable.

"Well, Pat," said he, "how are you getting on with the treatment?"

"Oh, sure, sir," said Pat, "Oi manage all right with the grain and oats; but its dommed har-rd with the chopped hay."—*Portland Express*.

NO CONFIDENCE IN NEW MEN.—Tramp (*coughing*)—"No, mum, my health ain't none of the best. I've 'ad this cough two years."

Woman—"Why don't you do something for it?"

Tramp—"Well, mum, my family doctor died yisterday, an' I hain't seen a physician to-day what I'd like to trust my health with."—*Medical and Surgical Reporter*.

Young Mother.—"What ought the baby's food to be, Dr. Chargem?"

Doctor—"Nothing but the milk from one cow."

Young Mother—"And I believe you said the mother ought to take four or five fresh eggs every day?"

Doctor—"Yes."

Young Mother—"Well, doctor, should they be eggs from one hen?"—*Medical and Surgical Reporter*.

SCENE IN COURT.—"Who is the prisoner, Mr. Clerk?" asked the Judge.

"A Russian, your Honor."

"His name?"

"I can't pronounce it, your Honor."

"Spell it, then."

"V-e-z-o-z-i-z-a-z-e-z-s-h-z-z-i."

"What is he charged with?"

"Soda water, I should say, by his name."

Mrs. Mulcahy—"An' whin do the powthers be taken?"

Apothecary—"Early in the morning, fasting."

Mrs. M.—"Phwat do you mane by fastin'?"

Apothecary—"On an empty stomach."

Mrs. M.—"Howly Moses! An how'l I iver ketch me old man that way? Sure, he's full as a goat whin he wakes up."—*Medical and Surgical Reporter*.

HIS HISTORICAL KNOWLEDGE.—One day, recently, in a Dundee school, the teacher was examining a class in history and asked one of the boys: "How did Charles I. die?"

The boy paused for a moment, and one of the other lads, by way of prompting him, put his arm up to his collar to signify decapitation.

Boy number one at once grasped, as he thought, his friend's meaning, and exclaimed, to the great amusement of the class: "Please, sir, he died of cholera."

As long as there are carpets to tack down and tongues are loose, man will adhere to the theory of original sin.—*Myer Brothers' Druggist*.

## Critical Comments.

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CHAS. H. STOWELL, M.D., EDITOR

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**ILLUSTRATED WEIGHT CHARTS.**—The Just's Food Company is issuing a series of illustrated weight charts, which show at a glance results from the use of Just's Food. Their last chart illustrates a marked case of malnutrition. The infant weighed  $9\frac{1}{4}$  pounds at birth, and only  $11\frac{3}{4}$  pounds when six months old. Upon the use of Just's Food improvement was immediate and rapid. The gain in weight was steady and uninterrupted, and at eleven months of age the loss had all been regained, and the child had a normal weight of 21 pounds. One of these charts, together with blank charts will be sent to any address.

**ILLINOIS CENTRAL HOSPITAL FOR THE INSANE.**—I have repeatedly prescribed antikamnia for various neuroses with good effect. Recently prescribed it in a case of croupous enteritis, patient adult, highly nervous, and during continuance of paroxysms, and preceding

it, is nervous and hypochondriacal, suffering intense pain. The case is one of long standing, and one where opium was objectionable, because of the tendency toward forming opium habit. However, opium has been used, but the effect of antikamnia has been more magical, more persistent, and followed by no digestive disturbance, as has been the case when opium was used. My directions have been to use antikamnia whenever a paroxysm occurs. Have also found it invincible in protracted neuralgia.

FRANK P. NORBURY, M.D.  
Jacksonville, Ill.

**DON'TS FOR CONSUMPTIVES.**—Or a scientific management of pulmonary tuberculosis, by Chas. Wilson Ingraham, M.D., Binghamton, N. Y., 1896. Two hundred and eighteen pages. The author of this volume is known to many of our readers as the editor of the *New York State Medical Reporter*. While he tells consumptives and their friends a great many things they should not do, yet he also gives them minute and full directions for things they should do. Believing in the tubercle bacillus he strongly advocates the destruction of all infectious matter, and the more or less isolation of the consumptive person. The author regrets that those who seek health away from home generally neglect the proper attention to this, relying entirely on the climate for a cure. If the choice is to be between a more favorable climate, and a proper attention to the scientific management of the case he advises that the latter be selected. It is a book which anyone can read with profit.

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[PRACTICAL MEDICINE]



# Oatmeal and Oatmeal

Liebig has shown that oatmeal is almost as nutritious as the very best English beef, and that it is richer than wheaten bread in the elements that go to form bones and muscle. Professor Forbes, of Edinburgh, during some twenty years, measured the breadth and height, and tested the strength of both the arms and loins of the students in the University, a very numerous class, and of various nationalities, drawn to Edinburgh by the fame of his teaching. He found that in height, breadth of chest

and shoulders, and strength of arms and loins, the Belgians were at the bottom of the list; a little above them, the French; very much higher, the English; and highest of all, the Scotch and Scotch-Irish, from Ulster, who, like the natives of Scotland, are fed in their early years with at least one meal a day of good milk and good oatmeal porridge. But there are Oatmeals and Oatmeals. Ordinary oatmeal overtaxes the digestive organs and the body derives no benefit from it—it injures rather than helps.

H=O

OATMEAL

H-O OATMEAL gets rid of all that is objectionable in oatmeal and preserves all that is valuable. It makes

## OATMEAL A HUMAN FOOD

palatable and easy of digestion, without taking away any of the elements needed for the building up of body, bone and brain. All other oatmeals—"steam-dried" and "partly cooked" leave off just where H-O begins.

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**DR. ALEXANDER B. MOTT**, of New York, *Professor Surgery Bellevue Hospital Medical College, Surgeon Bellevue Hospital*: "I have made sufficient use of the **Buffalo Lithia Water** to be satisfied that it possesses very valuable therapeutic properties. In the Gouty Diathesis, **Chronic Inflammation of the Bladder**, and other diseases affecting the Urinary Organs, it may be relied on to give the **most satisfactory results**."

**DR. WILLIAM H. DOUGHTY**, of Augusta, Ga., *formerly Professor of Materia Medica and Therapeutics of Medical College of Georgia*: "In Genito-Urinary diseases, especially **Catarrh of the Bladder** in Women, I have found **Buffalo Lithia Water** very efficacious."

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# Buffalo Lithia Water

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